



## CERTIFICATE OF HEALTH AND ORIGIN FOR IMPORT OF A CAT TO ICELAND

PART 1 - IDENTIFICATION OF OWNER / IMPORTER OF CAT		
Owner/importer		Personal identification number (Icelanders)
Address		City
Postal code	Country	Telephone number
Fax number	e-mail address	

PART 2 - IDENTIFICATION AND ORIGIN OF CAT		
Country of origin*	Country of export**	Import permit no.
ID-no (microchip no)	Breed	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Fur / colour	Date of birth (dd/mm/yy)

\*For those cats considered as coming from a rabies free country, the cat must have remained in that country since birth or for at least the 6 months prior to importation

\*\*If other than country of origin

PART 3 - VACCINATIONS		
<b>I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE CAT IDENTIFIED IN PART 2, BASED UPON ORIGINAL VACCINATION DOCUMENTS AND LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS</b>		
<b>a) RABIES</b>		
The cat has been vaccinated against rabies with an approved, killed vaccine, within the last <b>365 days</b> prior to importation. At the time of vaccination the cat was at least 12 weeks old.		
Rabies vaccination record	First rabies vaccination (dd/mm/yy)	Vaccine name Valid until (dd/mm/yy)
	Revaccination (as applicable) (dd/mm/yy)	Vaccine name Valid until (dd/mm/yy)
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	Revaccination (as applicable) (dd/mm/yy)	Vaccine name Valid until (dd/mm/yy)
<i>The cat may be imported when <b>120 days</b> have passed from the time of the first rabies vaccination. In case of revaccination, the cat may be imported when <b>30 days</b> have passed from the time of the last rabies revaccination.</i>		
<b>b) RABIES ANTIBODY TITRE TEST</b>		
A blood sample taken no earlier than <b>30 days</b> after the first rabies vaccination, showed that the rabies neutralizing antibody titre was at least 0.5 IU/ml. If the results were not satisfactory (below 0.5 IU/ml), any subsequent rabies vaccination would be classed as the first vaccination and import into Iceland would not be authorised until at least 120 days had passed after this subsequent vaccination followed by a rabies neutralizing antibody titre test with satisfactory results.		
<b>A LABORATORY CERTIFICATE OF RABIES ANTIBODY TITRE TEST RESULTS MUST BE ENCLOSED WITH THIS CERTIFICATE</b>		
Date of blood sampling (dd/mm/yy)	Name of laboratory	
The rabies antibody titre test does not have to be renewed on an animal which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination.		
<i>(Part 3, a) and b) - Rabies Vaccination and Antibody Titre Test - does not apply to cats originating from Australia, Faroe Islands, Finland, Hawaii, Ireland, Great Britain, Japan, New Zealand, Norway (Svalbard not included) or Sweden)</i>		

Owner / importer	Name of cat
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**PART 3 - VACCINATIONS (continued)**

I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE CAT IDENTIFIED IN PART 2, BASED UPON ORIGINAL VACCINATION DOCUMENTS AND LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS

**c) FELINE PANLEUKOPENIA**

The cat has been fully vaccinated against feline panleukopenia with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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**d) FELINE RHINOTRACHEITIS**

The cat has been fully vaccinated against canine feline rhinotracheitis with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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**e) CALICIVIRUS**

The cat has been fully vaccinated against calicivirus with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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**PART 4 - LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION**

I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE CAT IDENTIFIED IN PART 2, BASED UPON ORIGINAL LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS

**a) FIV**

The cat has been tested serologically for FIV (*Feline immunodeficiency virus*) with a **negative** result. The blood sample was drawn within the last **30 days** prior to importation.

Date of blood sampling	Name of laboratory / test
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**b) FeLV**

The cat has been tested serologically for FeLV (*Feline leukemia virus*) with a **negative** result. The blood sample was drawn within the last **30 days** prior to importation.

Date of blood sampling	Name of laboratory / test
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**c) SALMONELLA spp.**

A stool sample from the cat has been tested for *Salmonella* spp. with a **negative** result. The sample was taken within the last **30 days** prior to importation.

Date of sampling	Name of laboratory
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Owner / importer	Name of cat
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**PART 5 - HEALTH EXAMINATION AND PARASITE TREATMENT - WITHIN 10 DAYS PRIOR TO IMPORTATION**

**I, THE UNDERSIGNED LICENSED VETERINARIAN, HAVE TODAY EXAMINED AND TREATED THE CAT IDENTIFIED IN PART 2 OF THIS CERTIFICATE AND CONFIRM THAT:**

1. The owner has assured me that the cat is intended for import to Iceland within a maximum of 10 days
2. The cat does not show any signs of contagious disease.
3. The cat has been treated for tapeworm (*Echinococcus multilocularis* and *Echinococcus granulosus*) with an approved veterinary medicinal product.
4. The cat has been treated for external parasites with an approved veterinary medicinal product.
5. If ear mite infection is suspected/confirmed, the cat has been treated with an approved veterinary medicinal product.

**TAPEWORM TREATMENT**

Product name: _____	Date (dd/mm/yy): _____
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**EXTERNAL PARASITE TREATMENT**

Product name: _____	Date (dd/mm/yy): _____
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**EAR MITE TREATMENT**

<input type="checkbox"/> Ear mite not suspected at clinical exam	
Product name: _____	Date (dd/mm/yy): _____

**PART 6 - SIGNATURE OF VETERINARIAN**

Name (in capital letters)	Place	Date
Veterinary hospital / Tel.no.	Signature and stamp	

**PART 7 - DECLARATION BY OWNER / IMPORTER**

**I, THE UNDERSIGNED OWNER/IMPORTER OF THE CAT IDENTIFIED IN PART 2 OF THIS CERTIFICATE, DECLARE THAT:**

1. The cat will be at least 5 months old at the time of importation to Iceland
2. The cat is neither pregnant, nursing kittens, nor requires treatment of any kind in relation to disease or surgery

Place	Date	Signature
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**PART 8 - ESTIMATED DATE AND TIME OF ARRIVAL OF THE CAT TO ICELAND**

**The permitted hours for animals at Keflavík are between 05:00 and 17:00 on the quarantine admission days.** It is possible to apply directly to MAST for permission for arrival outside of these specified hours. Such permission is not guaranteed and should be sought no later than 16:00 on the Wednesday immediately prior to the first quarantine admission day of that particular period.  
**The arrival of an animal outside of the permitted hours of arrival will result in considerable additional costs payable by the importer in relation to inspection and supervision. This is set out under Regulation. 567/2012 on the charges for inspection and other chargeable activities of Matvælstofnun.**

Estimated date and time of arrival in Iceland	Flight number
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Owner / importer	Name of cat
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**PARTS 9-12 ARE TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY AND CUSTOMS OFFICE**

<b>PART 9 - APPROVAL BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY</b>	
Date of reception of certificate	Signature and stamp
Place and date of signature	

<b>PART 10 - SURVEILLANCE BY DISTRICT VETERINARY OFFICER AT AIRPORT OF ENTRY</b>	
1. The cat does not show any signs of infectious disease.	
2. The cats' import permit and required certificates are submitted.	
Place & date	Signature and stamp of District Veterinary Officer / on behalf of the DVO

<b>PART 11 - CUSTOMS CLEARANCE</b>	
Place & date	Signature and stamp of customs officer

<b>PART 12 - RELEASE FROM ISOLATION FACILITIES</b>	
Place & date	Signature and stamp of District Veterinary Officer / on behalf of the DVO

<b>REMARKS</b>

*This certificate is according to Regulation no. 935/2004 on the Importation of Pets (Companion Animals) and Dog Semen*

Icelandic Food and Veterinary Authority  
Office of Import and Export  
Stórhöfði 23 - 110 Reykjavík - Iceland

Tel.: +354 530 4800 - Fax: +354 530 4801  
www.mast.is - petimport@mast.is