



CERTIFICATE OF HEALTH AND ORIGIN

FOR IMPORT OF A CAT TO ICELAND FROM A CATEGORY 2 COUNTRY

Regulation 200/2020 on the Importation of Dogs and Cats

Category 2 countries: Bosnia, Canada, Greenland, Herzegovina, Hungary, Poland, Romania, Serbia, Slovakia, Taiwan, Turkey, USA

PART 1 IDENTIFICATION OF I	MPORTER OF CAT						
Importer (full name as it appears on import permit)				Tel.no.			
Address				Postal code	City		
Country			e-mail address				
PART 2 IDENTIFICATION AND	O O PIGINI OF CAT						
Country of export. The cat must have rer		of export since birth or th	ne last 6 months prior to	import	Import permit no.	Date of birth (dd/r	nm/vv)
	, ,	·				,	.337
ID-no (microchip no)			Date of implantation	on and/or reading o	f microchip	☐ Male	□ Intact
Name Breed					Fur / colour	☐ Female	☐ Neutered
Name		biccu	Fui / coloui				
PART 3 DECLARATION BY OV	WNER / IMPORTER						
I, the undersigned importer* of the		this certificate, decl	are that the followi	ng applies to the	eat:		
During the last 6 months price						/ h) visited other	er annroved
countries of export. If b) app			onoose a or s) c	i, remained in the	oountry of export	, _ b) visited out	л аррготоа
At the time of importation the	e cat is neither pregnant r	nor nursing kittens.					
At the time of importation the by MAST)	e cat will not require treat	ment in relation to s	surgery or disease	(some exemptions	may apply but or	nly with special pe	rmission granted
*If applicable, the caretaker of the cat in the	e country of export can sign the	declaration on behalf of t	the importer.				
PART 4 ESTIMATED ARRIVAL	OF CAT IN ICELAND 8	& QUARANTINE R	ESERVATIONS				
The permitted time for arrival of an for arrival outside of these specified hinspection and supervision.							
Date of arrival in Iceland	Estimated time of arrival Flight number			Quarantine reservations at		☐ HAFNIR (Reykjanesbær)	
			Quarantine		eservations at	☐ MÓSEL (Hella	MÓSEL (Hella)
PART 5 VACCINATIONS							
I, the undersigned authorised veter following requirements laid down i		cat identified in part	: 2, based upon orig	jinal vaccination o	locuments and lab	oratory certificate	es, fulfills the
The cat has been vaccinated according full protection of the vaccine. If the provaccine within a set timeframe.							
5 a) Rabies vaccination and an	ntibody titre test						
The cat was at least 12 weeks old at	the time of vaccination and	any subsequent reva	accination was carrie	d out within the per	riod of validity of the	e preceding vaccina	ation.
A rabies antibody titre test carrie to Iceland, proved an antibody ti							
Details of the current rabies vaccin	nation and sampling for ar	ntibody titre test					
Vaccine name and manufacturer		Batch number.		Date of vaccinatio	n (dd/mm/yy)	Valid until (dd/mm	n/yy)
Date of blood sampling (dd/mm/yy)	Name of laboratory (approved rabies serology laboratory)						
5 b)-d) Other vaccinations							
Regarding parts 5 b)-d): The cat was prior to importation to Iceland.	fully vaccinated in accorda	nce with manufacture	er directions against	the following disea	ses with the last va	accination given no	less than 14 days
Vaccination against	Date of vaccination (d	ld/mm/vv)	Vaccine name	and manufactur	er	Valid until (dd/	mm/vv)
5 b) Feline panleukopenia	(u					and diffi (da)	
5 c) Feline rhinotracheitis							
5 d) Calicivirus							

TIPPEX (FLUID CORRECTOR) IS NOT ALLOWED

NB! LABORATORY REPORTS MUST BE IN ENGLISH

Importer	Name of cat

NB! LABORATORY REPORTS MUST BE IN ENGLISH

	ND: LA	BORATORT REPORTS MUST	DE IN ENGLISH				
PART 6 LABORATORY TESTS	WITHIN 30 DAYS PRIC	R TO IMPORTATION					
I, the undersigned authorised veter in in parts 6 a)-b)	rinarian, confirm that the c	at identified in part 2, based upon orig	inal laboratory certificates, fulfills t	ne following requirements as stated			
6 a) FeLV (Feline leukemia vir	rus)						
,	•	has been tested for FeLV (Feline leuker	mia virus) with a negative result				
Approved laboratory methods for test	ting of FIV: ELISA, IFA, PCR	. The laboratory report must be submit eterinarian must be included (see guidar Name of laboratory or name and produc	itted with this certificate. FIV/FeLV tence notes).	est kits based on accredited methods			
6 b) FIV (Feline immunodeficie	,						
Approved laboratory methods for test	ting of FIV: ELISA, Western	has been tested for FIV (Feline immuno blot. The laboratory report must be sul rom the veterinarian must be included (s Name of laboratory or name and produc	bmitted with this certificate. FIV/FeL ee guidance notes).				
PART 7 a) PARASITE TREATM	IENT NR. 1 OF 2 - BETW	/EEN 28 AND 21 DAYS PRIOR TO	IMPORTATION				
•		at identified in part 2 with an approved		stated below:			
		must be indicated for roundworm	· · · · · · · · · · · · · · · · · · ·				
Date of treatment (dd/mm/yy)	Name and manufacturer of			ration: PO SC IM			
			☐ Topical ☐ C	ther (specify):			
	· · · · · · · · · · · · · · · · · · ·	t must be indicated for lice, fleas					
Date of treatment (dd/mm/yy)	Name and manufacturer of	the product	Route of administr	ration: PO SC IM			
PART 7 b) PARASITE TREATM	MENT NR 2 OF 2 - BET\	WEEN 10 AND 5 DAYS PRIOR TO	IMPORTATION				
,		at identified in part 2 with an approve		stated below:			
-	<u> </u>			Stated below.			
Date of treatment (dd/mm/yy)	Name and manufacturer of	must be indicated for roundworm		ration: PO SC IM			
Date of a caumoni (aa/mm/yy)	Trains and managed of or	6.00000	☐ Topical ☐ C				
ii) Treatment for external paras	sites. Medicinal produc	t must be indicated for lice, fleas		the (openly).			
Date of treatment (dd/mm/yy)	Name and manufacturer of			ation: PO SC IM ther (specify):			
**Long-acting products for external parasite	es given as a 1st treatment, may	be valid as the 2nd treatment as well, if it is still	valid at the time of importation				
PART 8 HEALTH EXAMINATION	ON BETWEEN 10 AND 5	DAYS PRIOR TO IMPORTATION					
or external parasites.	•	examined the cat identified in part 2 a					
☐ verrucosum)		(L. serrata), scabies (S. scabiei spp.)					
I confirm that the microchip cat identified in part 2.	number listed on all docur	nentation accompanying this certificat	te matches the microchip number s	canned in the			
The cat is to be imported to	Iceland within maximum 1	D days.					
PART 9 SIGNATURE OF AUTH	HORISED VETERINARIA	N					
Name, qualification and title of author			e-mail address of authorised veterina	rian			
Veterinary hospital name, address and tel.no.			Place and date of signature				
			Signature & stamp of authorised vete	rinarian			
PART 10 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)							
PART 10 PRE-APPROVAL OF	CERTIFICATE BY THE	ICELANDIC FOOD AND VETERINA	ARY AUTHORITY (MAST)				
Place and date of signature Signature & stamp o		Signature & stamp of veterinary officer		MST			

THIS CERTIFICATE AND TEST REPORTS MUST BE SENT TO MAST BY E-MAIL (petimport@mast.is) NO LESS THAN 5 DAYS BEFORE IMPORTATION

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