



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

| PART 1 - IDENTIFICATION OF OWNER / IMPORTER OF CAGEBIRD |         |  |
|---|---------|--|
| Owner/importer  |         | Personal identification number (kennitala) |
| Address   |         | City                                       |
| Postal code   | Country | Tel.no.                                    |
| e-mail address  |         |  |

| PART 2 - IDENTIFICATION AND ORIGIN OF CAGEBIRD |                             |  |
|--|-----------------------------|--|
| Country of origin                              |                             | Import permit no.  |
| Species (english and latin name)               | Colour / markings           | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Name   | Identification no. (if any) | Age  |

| PART 3 - LABORATORY TESTS WITHIN 21 DAYS PRIOR TO IMPORTATION   |                    |
|---|--------------------|
| <b>I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE BIRD IDENTIFIED IN PART 2, BASED UPON ORIGINAL LABORATORY CERTIFICATES (WHICH ACCOMPANY THIS CERTIFICATE) FULFILLS THE FOLLOWING REQUIREMENTS</b>   |                    |
| <b>a) Salmonella spp.</b>   |                    |
| A fecal sample from the cagebird identified in part 2 has been tested for <i>Salmonella</i> spp. with a negative result. The sample was taken within the last <b>21 days</b> prior to importation.  |                    |
| Date of sampling  | Name of laboratory |
| <b>b) Newcastle disease (aPMV-1)</b>  |                    |
| A sample ( <input type="checkbox"/> blood sample / <input type="checkbox"/> cloacal swab / <input type="checkbox"/> fresh faeces) from the bird identified in part 2 has been tested for Newcastle disease with a <b>negative</b> result. The sample was taken within the last <b>21 days</b> prior to importation.         |                    |
| Date of sampling  | Name of laboratory |
| <b>c) Avian influenza (H5 and H7)</b>   |                    |
| A sample ( <input type="checkbox"/> blood sample / <input type="checkbox"/> cloacal swab / <input type="checkbox"/> fresh faeces) from the bird identified in part 2 has been tested for Avian Influenza H5 and H7 with a <b>negative</b> result. The sample was taken within the last <b>21 days</b> prior to importation. |                    |
| Date of sampling  | Name of laboratory |

| PART 4 - HEALTH EXAMINATION - NO MORE THAN 10 DAYS BEFORE IMPORTATION   |
|---|
| <b>I, THE UNDERSIGNED LICENSED VETERINARIAN, HAVE TODAY EXAMINED THE BIRD IDENTIFIED IN PART 2 OF THIS CERTIFICATE AND CONFIRM THE FOLLOWING:</b> |
| <input type="checkbox"/> The bird does not show any signs of contagious disease, including parasitic infestations.                                |
| <input type="checkbox"/> The owner has assured me that the bird is intended for import to Iceland within a maximum of 10 days                     |

| PART 5 - SIGNATURE OF VETERINARIAN                         |                     |      |
|--|---------------------|------|
| Name (in capital letters)                                  | Place               | Date |
| Veterinary clinic (name, address, tel.no., e-mail address) | Signature and stamp |      |

|          |             |
|----------|-------------|
| Importer | Bird (name) |
|----------|-------------|

| PART 6 - ESTIMATED DATE AND TIME OF ARRIVAL OF THE BIRD TO ICELAND |               |
|--|---------------|
| Estimated date and time of arrival in Iceland                      | Flight number |

**PARTS 7-8 ARE TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY**

| PART 7 - PRE-APPROVAL BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)   |                     |
|---|---------------------|
| <input type="checkbox"/> Home quarantine facilities have been approved by MAST<br><input type="checkbox"/> The certificate of health and origin for import of the cagebird identified in part 2 is approved by MAST |                     |
| Place & date  | Signature and stamp |

| PART 8 a) - EXAMINATION BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY AT KEFLAVIK AIRPORT  |                     |
|---|---------------------|
| <input type="checkbox"/> The bird does not show any signs of infectious disease.<br><input type="checkbox"/> The import permit and required certificates are submitted. |                     |
| Place & date  | Signature and stamp |

| PART 8 b) - EXAMINATION BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY AT THE END OF QUARANTINE PERIOD  |                     |
|---|---------------------|
| <input type="checkbox"/> The bird has been healthy and without signs of infectious disease during quarantine. Quarantine is suspended.<br><input type="checkbox"/> The bird did show signs of infectious disease during quarantine.<br><input type="checkbox"/> Quarantine period was prolonged and the pet was treated.<br><input type="checkbox"/> Quarantine is suspended. |                     |
| Place & date  | Signature and stamp |

| REMARKS |
|---------|
|         |

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

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