



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 <input type="checkbox"/> Female |
| Name | Identification no. (if any) | Age |

| PART 3 - LABORATORY TESTS WITHIN 21 DAYS PRIOR TO IMPORTATION | |
|---|--------------------|
| 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 | |
| a) Salmonella spp. | |
| 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 21 days prior to importation. | |
| Date of sampling | Name of laboratory |
| b) Newcastle disease (aPMV-1) | |
| 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 negative result. The sample was taken within the last 21 days prior to importation. | |
| Date of sampling | Name of laboratory |
| c) Avian influenza (H5 and H7) | |
| 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 negative result. The sample was taken within the last 21 days prior to importation. | |
| Date of sampling | Name of laboratory |

| PART 4 - HEALTH EXAMINATION - NO MORE THAN 10 DAYS BEFORE IMPORTATION | |
|--|--|
| I, THE UNDERSIGNED LICENSED VETERINARIAN, HAVE TODAY EXAMINED THE BIRD IDENTIFIED IN PART 2 OF THIS CERTIFICATE AND CONFIRM THE FOLLOWING: | |
| <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 <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. <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. <input type="checkbox"/> The bird did show signs of infectious disease during quarantine. <input type="checkbox"/> Quarantine period was prolonged and the pet was treated. <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

Icelandic Food and Veterinary Authority, Office of Import and Export
 Laugavegur 166 - 105 Reykjavík - Iceland
 Tel.: +354 530 4800 - www.mast.is - petimport@mast.is

Page 2 of 2

NB! LABORATORY REPORTS MUST BE IN ENGLISH

**PARTS 1-6 MUST BE COMPLETED AND BOTH PAGES AND LABORATORY REPORTS SENT TO MAST BY E-MAIL
 (petimport@mast.is) AT LEAST 5 DAYS BEFORE IMPORTATION**