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CERTIFICATE OF HEALTH AND ORIGIN

FOR IMPORT OF A CAT TO ICELAND FROM A RABIES FREE COUNTRY (category 1 countries)

Refer to bottom of page 2 for a list of category 1 countries

PART 1 IDENTIFICATION OF IMPORTER 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 ORIGIN OF CAT			
Country of export. The cat must have remained in a category 1 country since birth or at least 6 months prior to import		Import permit no.	Date of birth (dd/mm/yy)
ID-no (microchip no)	Date of implantation and/or reading of microchip		<input type="checkbox"/> Male <input type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Neutered
Name	Breed	Fur / colour	

PART 3 DECLARATION BY OWNER / IMPORTER		
I, the undersigned importer* of the cat identified in part 2 of this certificate, declare that the following applies to the cat:		
<input type="checkbox"/> At the time of importation the cat is neither pregnant nor nursing kittens. At the time of importation the cat will not require treatment in relation to surgery or disease (some exemptions may apply but only with special permission granted by MAST)		
<input type="checkbox"/> During the last 6 months prior to importation (or since birth) the cat has (choose a or b): <input type="checkbox"/> a) remained in the country of export / <input type="checkbox"/> b) visited other cat. 1 countries of export. If b) applies, what country/countries:		
Place	Date (dd/mm/yy)	Signature of <input type="checkbox"/> importer / <input type="checkbox"/> on behalf of importer

*If applicable, the caretaker of the cat in the country of export can confirm the following on behalf of the importer.

PART 4 ESTIMATED ARRIVAL OF CAT TO ICELAND & QUARANTINE RESERVATIONS			
The permitted time for arrival of animals at Keflavik airport: between 06:00 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. This will result in considerable additional costs payable by the importer in relation to inspection and supervision.			
Estimated date and time of arrival in Iceland	Flight number	Quarantine reservations at	<input type="checkbox"/> HAFNIR (Reykjanesbær) <input type="checkbox"/> MÓSEL (Hella)

PART 5 VACCINATIONS			
I, the undersigned authorised veterinarian, confirm that the cat identified in part 2, based upon original vaccination documents and laboratory certificates, fulfills the following requirements laid down in parts 5 a)-g)			
The cat has been vaccinated according to the specific guidelines for each vaccine regarding the age of the cat when vaccinated and the numbers of vaccination needed to give the full protection of the vaccine. If the primary vaccination requires a booster (a follow up) vaccination, the cat is not considered fully vaccinated until it has been given the booster vaccine within a set timeframe.			
5 a) Rabies vaccination and antibody titre test			
The cat was at least 12 weeks old at the time of vaccination and any subsequent revaccination was carried out within the period of validity of the preceding vaccination.			
A rabies antibody titre test carried out on a blood sample taken not less than 30 days after the preceding vaccination, proved an antibody titre equal to or greater than 0,5 IU/ml. A laboratory report of rabies antibody titre test must be submitted with this certificate.			
Details of the <u>current</u> rabies vaccination and sampling for antibody titre test			
Vaccine name	Date of vaccination (dd/mm/yy)	Valid until (dd/mm/yy)	Date of blood sampling (dd/mm/yy)
5 b)-d) Other vaccinations			
Regarding parts 5 b)-d): The cat was fully vaccinated in accordance with manufacturer directions against feline panleukopenia, feline rhinotracheitis and calicivirus. The last vaccination against these diseases was given no less than 14 days prior to importation to Iceland.			
Vaccination against	Date of vaccination (dd/mm/yy)	Vaccine name and manufacturer	Valid until (dd/mm/yy)
5 b) Feline panleukopenia			
5 c) Feline rhinotracheitis			
5 d) Calicivirus			

PART 6 LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION	
I, the undersigned authorised veterinarian, confirm that the cat identified in part 2, based upon original laboratory certificates, fulfills the following requirements as stated in parts 6 a)-b)	
6 a) FeLV	
A blood sample drawn within the last 30 days prior to importation has been tested for FeLV (<i>Feline leukemia virus</i>) with a <u>negative result</u> . Approved laboratory methods for testing of FIV: ELISA, IFA, PCR. The laboratory report must be submitted with this certificate. FIV/FeLV test kits based on accredited methods are approved. In case of in-house testing, a laboratory report is not required but details of the test kit used and date of testing must be included.	
Date of blood sampling	Name of laboratory or name and producer of FIV/FeLV test kit
6 b) FIV	
A blood sample drawn within the last 30 days prior to importation has been tested for FIV (<i>Feline immunodeficiency virus</i>) with a <u>negative result</u> . Approved laboratory methods for testing of FIV: ELISA, Western blot. The laboratory report must be submitted with this certificate. FIV/FeLV test kits based on accredited methods are approved. In case of in-house testing, a laboratory report is not required but details of the test kit used and date of testing must be included.	
Date of blood sampling	Name of laboratory or name and producer of FIV/FeLV test kit

Owner / importer	Name of cat
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PART 7 a) PARASITE TREATMENT NR. 1 OF 2 - BETWEEN 28 AND 21 DAYS PRIOR TO IMPORTATION

I, the undersigned authorised veterinarian, have treated the cat identified in part 2 of this certificate treatment with an approved antiparasitic medicinal product as stated below:

i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.

Date of treatment	Name and manufacturer of the product	Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> Topical <input type="checkbox"/> Other (specify):
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ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.

Date of treatment	Name and manufacturer of the product	Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> Topical <input type="checkbox"/> Other (specify):
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PART 7 b) PARASITE TREATMENT NR. 2 OF 2 - BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION

I, the undersigned authorised veterinarian, have treated the cat identified in part 2 of this certificate treatment with an approved antiparasitic medicinal product as stated below:

i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.

Date of treatment	Name and manufacturer of the product	Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> Topical <input type="checkbox"/> Other (specify):
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ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.

Date of treatment	Name and manufacturer of the product	Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> Topical <input type="checkbox"/> Other (specify):
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PART 8 HEALTH EXAMINATION BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION

- I, the undersigned authorised veterinarian, have today examined the cat identified in part 2 and confirm that it does not show any symptoms of contagious diseases or external parasites.
- I have examined the cat with respect to tongue worms (*L. serrata*), scabies (*S. scabiei* spp.) and dermatophytosis (*M. canis*, *M. gypseum*, *T. mentagrophytes*, *T. verrucosum*)
- I confirm that the microchip number listed on all documentation accompanying this certificate matches the microchip number scanned in the cat identified in part 2.
- The cat is to be imported to Iceland within maximum 10 days.

PART 9 SIGNATURE OF AUTHORISED VETERINARIAN

Name, qualification and title of authorised veterinarian	e-mail address of authorised veterinarian
Veterinary hospital name, address and tel.no.	Place and date of signature
	Signature & stamp of authorised veterinarian

PART 10 ENDORSEMENT BY OFFICIAL VETERINARIAN ON BEHALF OF COMPETENT AUTHORITY IN THE COUNTRY OF EXPORT

After due enquiry and to the best of my knowledge, all the information in this certificate of health and origin for import of a dog to Iceland, is true.

Name, qualification and title of official veterinarian	e-mail address of official veterinarian
Competent authority name, address and tel.no.	Place and date of signature
	Signature & stamp of official veterinarian

PART 11 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)

PART 11 PRE-APPROVAL OF CERTIFICATE BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)

Place and date of signature	Signature & stamp of veterinary officer	MST
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Appendix I, Regulation 200/2020 on the importation of dogs and cats. Category 1 countries: approved rabies-free exporting countries.

Austria	Cyprus	France	Japan	Netherlands	Spain
Australia	Czech Republic	Germany	Latvia	Norway	Sweden
Belgium	Denmark	Greece	Liechtenstein	Portugal	Switzerland
Bulgaria	Estonia	Ireland	Luxembourg	Slovakia	The Faroe Islands
Croatia	Finland	Italy	Malta	Slovenia	United Kingdom

*Svalbard excluded

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