



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 Herzegovina, Canada, Greenland, Hungary, Poland, Romania, Serbia, Slovakia, Taiwan, Turkey,*

USA

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| 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 | |

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| PART 2 IDENTIFICATION AND ORIGIN OF CAT | | | |
| Country of export. The cat must have remained in an approved country of export since birth or the last 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 | |

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| 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"/> 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 approved countries of export. If b) applies, what country/countries: | | |
| <input type="checkbox"/> At the time of importation the cat is neither pregnant nor nursing kittens. | | |
| <input type="checkbox"/> 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) | | |
| 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 sign the declaration on behalf of the importer.

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| PART 4 ESTIMATED ARRIVAL OF CAT IN 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. | | | |
| Date of arrival in Iceland | Estimated time of arrival | Flight number | Quarantine reservations at <input type="checkbox"/> HAFNIR (Reykjanesbær) <input type="checkbox"/> MÓSEL (Hella) |

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| 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)-f) | | | |
| 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 and at least 90 days prior to importation to Iceland, 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 and manufacturer | Batch number. | Date of vaccination (dd/mm/yy) | Valid until (dd/mm/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 fully vaccinated in accordance with manufacturer directions against the following diseases with the last vaccination 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 | | | |

TIPPEX (FLUID CORRECTOR) IS NOT ALLOWED

NB! LABORATORY REPORTS MUST BE IN ENGLISH

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| Importer | Name of cat |
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NB! LABORATORY REPORTS MUST BE IN ENGLISH

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| 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 in parts 6 a)-b) | |
| 6 a) FeLV (<i>Feline leukemia virus</i>) | |
| 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 statement from the veterinarian must be included (see guidance notes). | |
| Date of blood sampling | Name of laboratory or name and producer of FIV/FeLV test kit |
| 6 b) FIV (<i>Feline immunodeficiency virus</i>) | |
| 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 statement from the veterinarian must be included (see guidance notes). | |
| Date of blood sampling | Name of laboratory or name and producer of FIV/FeLV test kit |

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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 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 (dd/mm/yy) | 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): |
| ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.** | | |
| Date of treatment (dd/mm/yy) | 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 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 (dd/mm/yy) | 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): |
| ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.** | | |
| Date of treatment (dd/mm/yy) | 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): |

**Long-acting products for external parasites given as a 1st treatment, may be valid as the 2nd treatment as well, if it is still valid at the time of importation

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| PART 8 HEALTH EXAMINATION BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION | |
| <input type="checkbox"/> 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. <input type="checkbox"/> I have examined the cat with respect to tongue worms (<i>L. serrata</i>), scabies (<i>S. scabiei</i> spp.) and dermatophytosis (<i>M. canis</i> , <i>M. gypseum</i> , <i>T. mentagrophytes</i> , <i>T. verrucosum</i>) <input type="checkbox"/> 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. <input type="checkbox"/> The cat is to be imported to Iceland within maximum 10 days. | |

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

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| PART 10 PRE-APPROVAL OF CERTIFICATE BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST) | | |
| Place and date of signature | 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

TIPPEX (FLUID CORRECTOR) IS NOT ALLOWED