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# CERTIFICATE OF HEALTH AND ORIGIN

## FOR IMPORT OF A DOG TO ICELAND FROM A CATEGORY 1 COUNTRY

Regulation 200/2020 on the Importation of Dogs and Cats

Category 1 countries: Australia, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Greece, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway (excluding Svalbard), Portugal, Singapore, Slovenia, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom.

PART 1 IDENTIFICATION OF IMPORTER OF DOG			
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 DOG			
Country of export. The dog 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 dog identified in part 2 of this certificate, declare that the following applies to the dog:		
<input type="checkbox"/> During the last 6 months prior to importation (or since birth) the dog has (choose a or b): <input type="checkbox"/> a) remained in the country of export / <input type="checkbox"/> b) visited other category 1 countries. If b) applies, what country/countries:		
<input type="checkbox"/> Applies to <u>intact</u> dogs only (males and females): During the last 60 days prior to importation the dog has not mated naturally.		
<input type="checkbox"/> At the time of importation the dog is neither pregnant nor nursing puppies.		
<input type="checkbox"/> At the time of importation the dog 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 dog in the country of export can sign the declaration on behalf of the importer.

PART 4 ESTIMATED ARRIVAL OF DOG TO ICELAND & QUARANTINE RESERVATIONS			
The permitted time for arrival of animals at Keflavík 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. <b>This will result in considerable additional costs payable by the importer in relation to inspection and supervision.</b>			
Estimated date of arrival in Iceland	Time of arrival	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 dog identified in part 2, based upon original vaccination documents and laboratory certificates, fulfills the following requirements laid down in parts 5 a)-f)			
The dog has been vaccinated according to the specific guidelines for each vaccine regarding the age of the dog 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 dog is not considered fully vaccinated until it has been given the booster vaccine within a set timeframe.			
<b>5 a) Rabies vaccination and antibody titre test</b>			
The dog was at least <b>12 weeks</b> old at the time of vaccination and any subsequent revaccination was carried out within the period of validity of the preceding vaccination.			
<b>A rabies antibody titre test carried out on a blood sample taken at least 30 days after the preceding valid rabies 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.</b>			
<b>Details of the <u>current</u> rabies vaccination and sampling for antibody titre test</b>			
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)		
<b>5 b)-f) Other vaccinations</b>			
Regarding parts 5 b)-f): The dog was fully vaccinated in accordance with manufacturer directions against the following diseases with the last vaccination given no less than <b>14 days</b> prior to importation to Iceland.			
<b>Vaccination against</b>	<b>Date of vaccination (dd/mm/yy)</b>	<b>Vaccine name and manufacturer</b>	<b>Valid until (dd/mm/yy)</b>
<b>5 b) Leptospirosis</b> (dates of the last two vaccinations)			
<b>5 c) Canine distemper</b>			
<b>5 d) Infectious canine hepatitis</b>			
<b>5 e) Canine parvovirus</b>			
<b>5 f) Canine parainfluenza</b>			

**TIPPEX (FLUID CORRECTOR) IS NOT ALLOWED**

**NB! LABORATORY REPORTS MUST BE IN ENGLISH**

Importer	Name of dog
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**NB! LABORATORY REPORTS MUST BE IN ENGLISH**

<b>PART 6 LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION</b>	
I, the undersigned authorised veterinarian, confirm that the dog identified in part 2, based upon original laboratory certificates, fulfills the following requirements as stated in in parts 6 a)-b)	
<b>6 a) Brucellosis (<i>Brucella canis</i>)</b>	
A blood sample drawn within the last <b>30 days</b> prior to importation has been tested for brucellosis ( <i>Brucella canis</i> ) with a <u>negative result</u> . Approved laboratory methods for testing of <i>B. canis</i> : IFAT, RSAT, TAT. <b>The laboratory report must be submitted with this certificate.</b>	
Date of blood sampling (dd/mm/yy)	Name of laboratory
<b>6 b) Leishmaniosis (<i>Leishmania</i> spp.) - APPLIES ONLY TO INTACT MALES AND FEMALES</b>	
Leishmaniosis testing is not required for neutered male / female dogs. <b>The veterinarian must confirm the reproductive status of the dog as stated in Part 2.</b> A blood <u>or</u> faeces sample taken within the last <b>30 days</b> prior to importation has been tested for leishmaniosis ( <i>Leishmania</i> spp.) with a <u>negative result</u> . Approved laboratory methods for testing of <i>Leishmania</i> spp.: PCR, ELISA. <b>The laboratory report must be submitted with this certificate.</b>	
Date of blood sampling (dd/mm/yy)	Name of laboratory

<b>PART 7 <i>Angiostrongylus vasorum</i> - EITHER LABORATORY TEST (within 30 d.) OR TREATMENT (5-10 d.)</b>	
I, the undersigned authorised veterinarian, confirm that the dog identified in part 2, fulfills either part 7a) or 7b) regarding testing/treatment for <i>A. vasorum</i> . Choose either 7a) or 7b) as applicable:	
<input type="checkbox"/> <b>7 a) <i>Angiostrongylus vasorum</i> - laboratory test within 30 days of importation</b>	
A blood <u>or</u> faeces sample taken within the last <b>30 days</b> prior to importation has been tested for <i>A. vasorum</i> with a <u>negative result</u> . Approved laboratory methods for testing of <i>A. vasorum</i> : Blood sample: ELISA, PCR. Faeces sample: Baermann method. <b>The laboratory report must be submitted with this certificate.</b>	
Date of blood/faeces sampling (dd/mm/yy)	Name of laboratory
<input type="checkbox"/> <b>7 b) <i>Angiostrongylus vasorum</i> - treatment between 10 and 5 days prior to importation</b>	
The dog has been treated for <i>A. vasorum</i> with an approved antiparasitic medicinal product indicated for <i>A. vasorum</i> as stated below:	
Date of treatment (dd/mm/yy)	Name and manufacturer of the product containing imidacloprid and moxidectin (Advocate® or Advantage Multi®)

<b>PART 8 a) PARASITE TREATMENT NR. 1 OF 2 - BETWEEN 28 AND 21 DAYS PRIOR TO IMPORTATION</b>		
I, the undersigned authorised veterinarian, have treated the dog identified in part 2 with an approved antiparasitic medicinal product as stated below:		
<b>i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.</b>		
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):
<b>ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.**</b>		
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):

<b>PART 8 b) PARASITE TREATMENT NR. 2 OF 2 - BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION</b>		
I, the undersigned authorised veterinarian, have treated the dog identified in part 2 with an approved antiparasitic medicinal product as stated below:		
<b>i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.</b>		
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):
<b>ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.**</b>		
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

<b>PART 9 HEALTH EXAMINATION BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION</b>	
<input type="checkbox"/> I, the undersigned authorised veterinarian, have today examined the dog 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 dog with respect to tongue worms ( <i>L. serrata</i> ), scabies ( <i>S. scabiei</i> spp.), dermatophytosis ( <i>M. canis</i> , <i>M. gypseum</i> , <i>T. mentagrophytes</i> , <i>T. verrucosum</i> ) and canine transmissible venereal tumors (CTVT) by thorough examinations of external genitals)	
<input type="checkbox"/> I confirm that the microchip number listed on all documentation accompanying this certificate matches the microchip number scanned in the dog identified in part 2.	
<input type="checkbox"/> The dog is to be imported to Iceland within maximum 10 days.	

<b>PART 10 SIGNATURE OF AUTHORISED VETERINARIAN</b>	
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 11 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)**

<b>PART 11 PRE-APPROVAL OF CERTIFICATE BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)</b>		
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**