



D2



### CERTIFICATE OF HEALTH AND ORIGIN FOR IMPORT OF A DOG TO ICELAND FROM A CATEGORY 2 COUNTRY

Category 2 countries: Canada, Greenland, Lithuania, Poland, Romania, Republic of Serbia, Singapore, Turkey, Thailand, USA.

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 an approved 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 approved countries of export. 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. 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 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. <b>This will result in considerable additional costs payable by the importer in relation to inspection and supervision.</b>			
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 dog identified in part 2, based upon original vaccination documents and laboratory certificates, fulfills the following requirements laid down in parts 5 a)-g)			
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 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.</b>			
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) Canine influenza - APPLIES ONLY TO DOGS IMPORTED FROM USA, CANADA, SINGAPORE			
The dog was fully vaccinated in accordance with manufacturer directions against canine influenza. The dog received its last canine influenza vaccine no less than <b>14 days</b> prior to importation to Iceland.			
Vaccine name and manufacturer	Date of vaccination (dd/mm/yy)	Valid until (dd/mm/yy)	

5 c)-g) Other vaccinations			
Regarding parts 5 c)-g): 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.			
Vaccination against	Date of vaccination (dd/mm/yy)	Vaccine name and manufacturer	Valid until (dd/mm/yy)
5 c) Leptospirosis			
5 d) Canine distemper			
5 e) Infectious canine hepatitis			
5 f) Canine parvovirus			
5 g) Canine parainfluenza			

PART 6 LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION	
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)	
6 a) Brucellosis ( <i>Brucella canis</i> )	
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	Name of laboratory

Importer	Name of dog
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**6 b) Leishmaniosis (*Leishmania* spp.) - APPLIES ONLY TO INTACT MALES AND FEMALES**

Leishmaniosis testing is not required for neutered male / female dogs. **The veterinarian must confirm the reproductive status of the dog as stated in Part 2.**  
 A blood sample drawn within the last **30 days** prior to importation has been tested for leishmaniosis (*Leishmania* spp.) with a **negative result**.  
 Approved laboratory methods for testing of *Leishmania* spp.: PCR, ELISA. **The laboratory report must be submitted with this certificate.**

Date of blood/tissue sampling	Name of laboratory
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**PART 7 *Angiostrongylus vasorum* - EITHER LABORATORY TEST (within 30 d.) OR TREATMENT (5-10 d.)**

**I, the undersigned authorised veterinarian, confirm that the dog identified in part 2, fulfills either part 7a) or 7b) regarding testing/treatment for *A. vasorum*. Choose either 7a) or 7b) as applicable:**

**7 a) *Angiostrongylus vasorum* - laboratory test within 30 days of importation**

A blood or faeces sample taken within the last **30 days** prior to importation has been tested for *A. vasorum* with a **negative result**. Approved laboratory methods for testing of *A. vasorum*: Blood sample: ELISA, PCR. Faeces sample: Baermann method. **The laboratory report must be submitted with this certificate.**

Date of blood/faeces sampling	Name of laboratory
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**7 b) *Angiostrongylus vasorum* - treatment between 10 and 5 days prior to importation**

The dog has been treated for *A. vasorum* with an approved antiparasitic medicinal product indicated for *A. vasorum* as stated below:

Date of treatment	Name and manufacturer of the product containing imidacloprid and moxidectin (i.e. Advocate® or Advantage Multi®)
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**PART 8 a) PARASITE TREATMENT NR. 1 OF 2 - BETWEEN 28 AND 21 DAYS PRIOR TO IMPORTATION**

**I, the undersigned authorised veterinarian, have treated the dog 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 b) PARASITE TREATMENT NR. 2 OF 2 - BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION**

**I, the undersigned authorised veterinarian, have treated the dog 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 9 HEALTH EXAMINATION BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION**

- 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.
- I have examined the dog with respect to tongue worms (*L. serrata*), scabies (*S. scabiei* spp.), dermatophytosis (*M. canis*, *M. gypseum*, *T. mentagrophytes*, *T. verrucosum*) and canine transmissible venereal tumors (CTVT by thorough examinations of external genitals)
- 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.
- The dog is to be imported to Iceland within maximum 10 days.

**PART 10 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 11 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 12 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)**

**PART 12 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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MAST - Office of Import & Export - Dalshraun 1B - 220 Hafnarfjörður - Iceland - Tel.: 530 4800 - petimport@mast.is

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