





CERTIFICATE OF HEALTH AND ORIGIN

FOR IMPORT OF CHILLED OR DEEP-FROZEN DOG SEMEN TO ICELAND FROM A CATEGORY 2 COUNTRY

Category 2 countries: Bosnia Herzegovina, Canada, Greenland, Hungary, Poland, Romania, Serbia, Slovakia, Taiwan, Turkey, USA.

PART 1 IDENTIFICATION OF IMPORTER					
Importer (full name as it appears on import permit)				Tel.no.	
Address			Postal code	City	
Country		nail address			
PART 2 IDENTIFICATION AND ORIGIN OF DOM	NOR DOG				
Country of residence. The dog must have remained in a cat. 1 c	or 2 country since birth or at le	east 6 months prio	r to import	Import permit no.	
ID-no (microchip no)			Date of implantation and/or reading of microchip		
Name	Breed			Date of birth (dd/n	nm/yy)
PART 3 IDENTIFICATION OF DOG SEMEN CO	NSIGNMENT				
Date of semen collection (dd/mm/yy)	NOGNIVILINI				
() () ()	☐ Deepfrozen semen ☐ Chilled semen			Packaging ty	ype: Straws Pellets
Identification of container / packaging				Quantity (no. of st	traws / pellets)
PART 4 SHIPPING OF DOG SEMEN CONSIGN	MENT TO ICELAND				
The dog semen shall be stored in a specialized sedog's microchip number. The container shall be sh Laugavegur 166, 105 Reykjavík, Iceland. Package	ipped preferably by ex	ress shippin	ng service and se	•	•
Storage of semen prior to shipping to Iceland (name and address of company)				Container seal number	
Shipping company name	Estimated date and time	of arrival in Ice	eland	Flight/AWB/Track	ing number
PART 5 DECLARATION BY OWNER OF DONO	R DOG				
Name and address of owner of donor dog					
I, the undersigned owner of the dog identified in	n part 2 of this certifi	icate, declare	that the follow	ring applies to t	he dog:
During the last 60 days prior to semen collection	n the dog has not mated	d naturally.			
During the last 6 months prior to semen collection	on the dog has (choose	_	remained in the co	ountry of export / [☐ b) visited other approved
countries of export . If b) applies, what country/o	Date (dd/mm/yy)		Signature of owne	r	
	(,,,,		9		
PART 6 VACCINATIONS					
	firm that the describe	ntified in non	4.0 haaadam		estion decriments and
I, the undersigned authorised veterinarian, com laboratory certificates, fulfills the following requ	_	-	-	original vaccin	ation documents and
The dog has been vaccinated according to the spe vaccination needed to give the full protection of the considered fully vaccinated until it has been given	vaccine. If the primar	ry vaccination	requires a boos	_	
6 a) Rabies vaccination and antibody titre test					
The dog was at least 12 weeks old at the time of v preceding vaccination.	accination and any su	ıbsequent rev	accination was c	arried out within	the period of validity of the
A rabies antibody test with a satisfactory result less than 30 days after the preceding vaccination					
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, manufacturer and batch no.	Date of vaccination (dd/	mm/yy)	Valid until (dd/mm	/yy)	Date of blood sampling (dd/mm/yy)
6 b) Canine influenza - APPLIES ONLY TO DOC The dog was fully vaccinated in accordance with m days prior to semen collection.					s last vaccine no less than 14
Vaccine name and manufacturer	Date of vaccination (dd/mm/yy)			Valid until (dd/mm	1/yy)
6 c) Leptospirosis					
The dog was fully vaccinated in accordance with m			spirosis. The do	g received its las	st leptospirosis vaccine no less
than 14 days prior to semen collection. (Please en					
Vaccine name and manufacturer	Date of vaccination (dd/mm/yy)		Valid until (dd/mm/yy)		
Vaccine name and manufacturer	Date of last vaccination (dd/mm/yy)		Valid until (dd/mm	n/yy)	

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Importer	Name of donor dog	Name of donor dog					
6 d) Canine distemper							
The dog was fully vaccinated in accordance with manufacturer directions against canine distemper. The dog received its last canine distemper vaccine							
no less than 14 days prior to semen collection.							
Vaccine name and manufacturer	Date of vaccination (dd/mm/yy)	Valid until (dd/mm/yy)					
PART 7 LABORATORY TESTS WITHIN 30 DAY	S PRIOR TO SEMEN COLLECTION						
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 7 a)-b)							
7 a) Brucellosis (Brucella canis)							
A blood sample drawn within the last 30 days prior to semen collection 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. The laboratory report must be submitted with this certificate .							
Date of blood sampling	Name of laboratory						
7 b) Leishmaniosis (Leishmania spp.)							
A blood sample drawn within the last 30 days prior to semen collection 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. The laboratory report must be submitted with this certificate .							
Date of blood/tissue sampling	Name of laboratory	boratory					
PART 8 HEALTH EXAMINATION OF DONOR DOG AT THE TIME OF SEMEN COLLECTION							

I, the undersigned authorised veterinarian, have <u>todav</u> examined the dog identified in part 2 and collected his semen for import to Iceland. I confirm that the dog does not show any symptoms of contagious diseases, and that the microchip number listed on all documentation accompanying this certificate matches the microchip number scanned in the dog.

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					

THIS CERTIFICATE AND LABORATORY TEST REPORTS MUST BE SENT TO MAST BY E-MAIL (petimport@mast.is)
NO LATER THAN 10 DAYS AFTER SEMEN COLLECTION AND AT LEAST 2 BUSINESS DAYS PRIOR TO IMPORTATION OF DOG SEMEN

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

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			

Import inspection

The completed and signed certificate must be sent for pre-approval to MAST even though the dog semen will be stored in the country of export and not sent immediately to Iceland. Only after MAST has approved the certificate, the consignment may be shipped. Upon arrival to MAST the consignment is inspected by MAST. The importer will be notified and can collect the consignment when document and identity check has been completed.

Insemination with imported dog semen

Authorised veterinarians in Iceland are permitted to inseminate bitches with imported dog semen. Bitches that have been inseminated with imported dog semen must not be mated on the same estrous cycle. Veterinarians who inseminate bitches with imported dog semen must notify MAST. Furthermore, if the bitch aborts the fetuses or gets ill during the pregnancy, MAST must be notified. Aborted fetuses and placentas must be sent to a laboratory for analysis.

MAST - Office of Import & Export - Laugavegur 166, 105 Reykjavík - Iceland - Tel.: 530 4800 - petimport@mast.is

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