



## CERTIFICATE OF HEALTH AND ORIGIN FOR IMPORT OF A CAT TO ICELAND

*In accordance with Regulation no. 935/2004 on the Importation of Pets (Companion Animals) and cat Semen*

PART 1 IDENTIFICATION OF OWNER / IMPORTER OF CAT		
Owner/importer	Tel.no.	
Address	Postal code	City
Country	e-mail address	

PART 2 IDENTIFICATION AND ORIGIN OF CAT			
Country of origin <sup>1)</sup>	Country of export <sup>2)</sup>	Import permit no.	Date of birth (dd/mm/yy)
ID-no (microchip no)	Date of implantation and/or reading of microchip <sup>3)</sup>		<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Breed	Fur / colour	

*1) For those cats originating in a rabies free country, the cat must have remained in that country since birth or for at least the 6 months prior to importation*

*2) If other than country of origin 3) Microchip shall be implanted before the cat is vaccinated with regards to import to Iceland*

PART 3 DECLARATION BY OWNER / IMPORTER		
<b>I, the undersigned owner/importer of the cat identified in part 2 of this certificate, declare that the cat is neither pregnant, nursing kittens, nor requires treatment of any kind in relation to disease or surgery.</b>		
Place	Date	Signature

PART 4 ESTIMATED ARRIVAL OF CAT TO ICELAND & QUARANTINE RESERVATIONS	
<p>The permitted hours for animals at Keflavík are between 05:00 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 and should be sought no later than 16:00 on the Wednesday immediately prior to the first quarantine admission day of that particular period. <b>This will result in considerable additional costs payable by the importer in relation to inspection and supervision.</b></p>	
Estimated date and time of arrival in Iceland	Flight number
Quarantine reservations confirmed at	<input type="checkbox"/> HAFNIR (Einangrunarstöðin ehf., Seljavogi 10, 233 Reykjanesbær) <input type="checkbox"/> MÓSEL (Allir hundar ehf., Selás, 851 Hella)

PART 5 VACCINATIONS
<b>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 out in parts 5 a)-d)</b>

**5 a) i) Rabies**  
 The cat has been vaccinated against rabies with an approved, killed vaccine, within the last **365 days** prior to importation. At the time of vaccination the cat was at least 12 weeks old. The cat may be imported when **120 days** have passed from the time of the first rabies vaccination. In case of a valid revaccination, the cat may be imported when **30 days** have passed from the time of the last rabies revaccination.

Rabies vaccination record	First rabies vaccination (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)
	Revaccination (as applicable) (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)
	Revaccination (as applicable) (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)
	Revaccination (as applicable) (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)

**5 a) ii) Rabies antibody titre test**  
 A blood sample taken no earlier than **30 days** after the first rabies vaccination, showed that the rabies neutralizing antibody titre was at least **0.5 IU/ml**. If the results were not satisfactory (below 0.5 IU/ml), any subsequent rabies vaccination would be classed as the first vaccination and import into Iceland would not be authorised until at least **120 days** had passed after this subsequent vaccination followed by a rabies neutralizing antibody titre test with satisfactory results.

Date of blood sampling (dd/mm/yy)	Name of laboratory
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**AN ORIGINAL LABORATORY CERTIFICATE OF RABIES ANTIBODY TITRE TEST RESULTS MUST BE ENCLOSED WITH THIS CERTIFICATE**

The rabies antibody titre test does not have to be renewed on an animal which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination.

*(Part 5, a) and b) - Rabies Vaccination and Antibody Titre Test - does not apply to cats originating from Australia, Faroe Islands, Finland, Hawaii, Ireland, Great Britain, Japan, New Zealand, Norway (Svalbard not included) or Sweden)*

Owner / importer	Name of cat
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**PART 5 VACCINATIONS (continued)**

**5 b) Feline panleukopenia**

The cat has been fully vaccinated<sup>4)</sup> against feline panleukopenia with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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**5 c) Feline rhinotracheitis**

The cat has been fully vaccinated<sup>4)</sup> against feline rhinotracheitis with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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**5 d) Calicivirus**

The cat has been fully vaccinated<sup>4)</sup> against calicivirus with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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4) 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.

**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 laid out in parts 6 a)-c)**

**6 a) FIV**

A blood sample drawn within the last **30 days** prior to importation has been tested for FIV (*Feline immunodeficiency virus*) with a negative result

Date of blood sampling	Name of laboratory
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**6 b) FeLV**

A blood sample drawn within the last **30 days** prior to importation has been tested for FeLV (*Feline leukemia virus*) with a negative result

Date of blood sampling	Name of laboratory
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**6 c) Salmonella spp.**

A stool sample from the cat has been tested for Salmonella spp. with a negative result. The sample was taken within the last **30 days** prior to importation.

Date of sampling	Name of laboratory
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**PART 7 HEALTH EXAMINATION AND PARASITE TREATMENT - WITHIN 10 DAYS PRIOR TO IMPORTATION**

**I, the undersigned authorised veterinarian, have today examined and treated the cat identified in part 2 of this certificate and confirm that it does not show any symptoms of contagious diseases. The cat is to be imported to Iceland within 10 days and has been treated preventively for parasites with an approved veterinary medicinal product as stated below:**

**a) Treatment for tapeworm (*Echinococcus multilocularis* and *Echinococcus granulosus*)**

Date of treatment	Name and manufacturer of the product	Route of administration
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**b) Treatment for external parasites**

Date of treatment	Name and manufacturer of the product	Route of administration
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**c) Treatment for ear mites upon suspicion**  Ear mite not suspected at clinical exam

Date of treatment	Name and manufacturer of the product	Route of administration
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**PART 8 SIGNATURE OF AUTHORISED VETERINARIAN**

Name and title of authorised veterinarian	Place	Date
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Veterinary hospital: Address and Tel.no.	Signature & stamp of authorised veterinarian
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**PART 9 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)**

**PART 9 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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