



CERTIFICATE OF HEALTH AND ORIGIN FOR IMPORT OF A DOG TO ICELAND

| PART 1 - IDENTIFICATION OF OWNER / IMPORTER OF DOG | | |
|--|----------------|---|
| Owner/importer | | Personal identification number (Icelanders) |
| Address | | City |
| Postal code | Country | Tel.no. |
| Fax number | e-mail address | |

| PART 2 - IDENTIFICATION AND ORIGIN OF DOG | | |
|---|---------------------|--|
| Country of origin* | Country of export** | Import permit no. |
| ID-no (microchip no) | Breed | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Name | Fur / colour | Date of birth (dd/mm/yy) |

*For those dogs considered as coming from a rabies free country, the dog must have remained in that country since birth or for at least the 6 months prior to importation

**If other than country of origin

| PART 3 - VACCINATIONS | | |
|--|--|--|
| I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE DOG IDENTIFIED IN PART 2, BASED UPON ORIGINAL VACCINATION DOCUMENTS AND LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS | | |
| a) RABIES | | |
| The dog has been vaccinated against rabies with an approved, killed vaccine, within the last 365 days prior to importation. At the time of vaccination the dog was at least 12 weeks old. | | |
| 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) |
| <i>The dog may be imported when 120 days have passed from the time of the first rabies vaccination. In case of revaccination, the dog may be imported when 30 days have passed from the time of the last rabies revaccination.</i> | | |
| b) 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. | | |
| A LABORATORY CERTIFICATE OF RABIES ANTIBODY TITRE TEST RESULTS MUST BE ENCLOSED WITH THIS CERTIFICATE | | |
| Date of blood sampling (dd/mm/yy) | Name of laboratory | |
| 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. | | |
| <i>(Part 3, a) and b) - Rabies Vaccination and Antibody Titre Test - does not apply to dogs originating from Australia, Faroe Islands, Finland, Hawaii, Ireland, Great Britain, Japan, New Zealand, Norway (Svalbard not included) or Sweden)</i> | | |

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|------------------|-------------|
| Owner / importer | Name of dog |
|------------------|-------------|

PART 3 - VACCINATIONS (continued)

I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE DOG IDENTIFIED IN PART 2, BASED UPON ORIGINAL VACCINATION DOCUMENTS AND LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS

c) LEPTOSPIROSIS

The dog has been fully vaccinated against leptospirosis (the most common *Leptospira* species affecting dogs) with an approved vaccine no more than **180 days** and no less than **30 days** prior to importation.

| | |
|--------------------------------|--------------|
| Date of vaccination (dd/mm/yy) | Vaccine name |
|--------------------------------|--------------|

d) CANINE DISTEMPER

The dog has been fully vaccinated against canine distemper with an approved vaccine no more than **730 days** and no less than **30 days** prior to importation.

| | |
|--------------------------------|--------------|
| Date of vaccination (dd/mm/yy) | Vaccine name |
|--------------------------------|--------------|

e) INFECTIOUS CANINE HEPATITIS (HCC)

The dog has been fully vaccinated against infectious canine hepatitis 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 |
|--------------------------------|--------------|

f) CANINE PARVOVIRUS

The dog has been fully vaccinated against infectious canine parvovirus 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 |
|--------------------------------|--------------|

PART 4 - LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION

I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE DOG IDENTIFIED IN PART 2, BASED UPON ORIGINAL LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS

a) BRUCELLOSIS

The dog has been tested serologically for brucellosis (*Brucella canis*) with a **negative** result. The blood sample was drawn within the last **30 days** prior to importation.

| | |
|------------------------|--------------------|
| Date of blood sampling | Name of laboratory |
|------------------------|--------------------|

b) SALMONELLA spp.

A stool sample from the dog 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 |
|------------------|--------------------|

| | |
|------------------|-------------|
| Owner / importer | Name of dog |
|------------------|-------------|

PART 5 - HEALTH EXAMINATION AND PARASITE TREATMENT - WITHIN 10 DAYS PRIOR TO IMPORTATION

I, THE UNDERSIGNED LICENSED VETERINARIAN, HAVE TODAY EXAMINED AND TREATED THE DOG IDENTIFIED IN PART 2 OF THIS CERTIFICATE AND CONFIRM THAT:

1. The owner has assured me that the dog is intended for import to Iceland within a maximum of 10 days
2. The dog does not show any signs of contagious disease.
3. The dog has been treated for **tapeworm** (*Echinococcus multilocularis* and *Echinococcus granulosus*) with an approved veterinary medicinal product.
4. The dog has been treated for **external parasites** with an approved veterinary medicinal product.
5. If ear mite infection is suspected/confirmed, the dog has been treated with an approved veterinary medicinal product.

TAPEWORM TREATMENT

| | |
|---------------------|------------------------|
| Product name: _____ | Date (dd/mm/yy): _____ |
|---------------------|------------------------|

EXTERNAL PARASITE TREATMENT

| | |
|---------------------|------------------------|
| Product name: _____ | Date (dd/mm/yy): _____ |
|---------------------|------------------------|

EAR MITE TREATMENT

| | |
|--|------------------------|
| <input type="checkbox"/> Ear mite not suspected at clinical exam | |
| Product name: _____ | Date (dd/mm/yy): _____ |

PART 6 - SIGNATURE OF VETERINARIAN

| | | |
|-------------------------------|---------------------|------|
| Name (in capital letters) | Place | Date |
| Veterinary hospital / Tel.no. | Signature and stamp | |

PART 7 - DECLARATION BY OWNER / IMPORTER

I, THE UNDERSIGNED OWNER/IMPORTER OF THE DOG IDENTIFIED IN PART 2 OF THIS CERTIFICATE, DECLARE THAT:

1. The dog will be at least 5 months old at the time of importation to Iceland
2. The dog is neither pregnant, nursing puppies, nor requires treatment of any kind in relation to disease or surgery

| | | |
|-------|------|-----------|
| Place | Date | Signature |
|-------|------|-----------|

PART 8 - ESTIMATED DATE AND TIME OF ARRIVAL OF THE DOG TO ICELAND

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.
The arrival of an animal outside of the permitted hours of arrival will result in considerable additional costs payable by the importer in relation to inspection and supervision. This is set out under Regulation. 567/2012 on the charges for inspection and other chargeable activities of Matvælstofnun.

| | |
|---|---------------|
| Estimated date and time of arrival in Iceland | Flight number |
|---|---------------|

| | |
|------------------|-------------|
| Owner / importer | Name of dog |
|------------------|-------------|

PARTS 9-12 ARE TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY AND CUSTOMS OFFICE

| PART 9 - APPROVAL BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY | |
|---|---------------------|
| Date of reception of certificate | Signature and stamp |
| Place and date of signature | |

| PART 10 - SURVEILLANCE BY DISTRICT VETERINARY OFFICER AT AIRPORT OF ENTRY | |
|--|---|
| 1. The dog does not show any signs of infectious disease. | |
| 2. The dogs' import permit and required certificates are submitted. | |
| Place & date | Signature and stamp of District Veterinary Officer / on behalf of the DVO |

| PART 11 - CUSTOMS CLEARANCE | |
|------------------------------------|--|
| Place & date | Signature and stamp of customs officer |

| PART 12 - RELEASE FROM ISOLATION FACILITIES | |
|--|---|
| Place & date | Signature and stamp of District Veterinary Officer / on behalf of the DVO |

| REMARKS |
|--|
| |

This certificate is according to Regulation no. 935/2004 on the Importation of Pets (Companion Animals) and Dog Semen

Icelandic Food and Veterinary Authority
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