

CERTIFICATE OF HEALTH AND ORIGIN

Import of a cagebird to Iceland

According to Regulation no. 935/2004 on the Importation of Pets (companion Animals) and Dog Semen

Certificate number:

PART I - IDENTIFICATION OF OWNER / IMPORTER OF THE BIRD

Owner/importer		Personal identification number
Address		City
Postal code	Country	Telephone number
Fax number	e-mail address	

PART II - IDENTIFICATION AND ORIGIN OF THE BIRD

Country of export	Species	Number of birds if more than one
-------------------	---------	----------------------------------

PART III - HEALTH EXAMINATION

I, the undersigned official veterinarian, have today examined the animals identified in part II and confirm that:

1. The animal does not have any symptoms of infectious diseases.
2. The owner has assured me that the animal is intended for import to Iceland within a maximum of 10 days.

TESTING FOR SALMONELLOSIS

A stool sample has been taken from the animal and tested for Salmonella spp. with a negative result, within the last 21 days prior to importation. If the results is positive, notify the Chief Veterinary Officer of Iceland as soon as possible and a risk assessment will be performed to determine whether the animal will be allowed to be imported to Iceland

Date of sampling:	Name of laboratory:	Results:
-------------------	---------------------	----------

TESTING FOR NEWCASTLE DISEASE (Paramyxoviridae)

A blood sample has been taken from the animal and tested serologically for Paramyxoviridae spp. (Newcastle disease) with a negative result within the last **21 days** prior to importation.

Date of sampling:	Name of laboratory:	Results:
-------------------	---------------------	----------

TESTING FOR AVIAN INFLUENZA (Orthomyxoviridae)

A blood sample has been taken from the animal and tested serologically for Orthomyxoviridae spp. (Avian influenza) with a negative result within the last 21 days prior to importation.

Date of sampling:	Name of laboratory:	Results:
-------------------	---------------------	----------

Place and date:	Name of veterinarian in capital letters:
Signature of veterinarian and stamp:	

NB! THE CERTIFICATE OF HEALTH AND ORIGIN MUST BE COMPLETED AND FAXED TO +354 530 4801 OR SENT BY E-MAIL TO mast@mast.is AT LEAST 5 WORKING DAYS BEFORE IMPORTATION

Certificate number:

PART IV - APPROVAL OF THE ICELANDIC FOOD AND VETERINARY AUTHORITY

<i>Date of reception of Certificate</i>	<input type="checkbox"/> Home quarantine Facilities have been approved by the District Veterinarian
<i>Place and date</i>	<i>Signature of Veterinary Officer</i>

PART V - APPROVAL BY DISTRICT VETERINARIAN AT AIRPORT OF ENTRY

I, the undersigned District Veterinarian, confirm that:	
1. The animal does not have any symptoms of infectious diseases	
2. The animals' Import Permit and originals of all required Certificates are submitted.	
<i>Place and date</i>	<i>Signature of District Veterinarian</i>

PART VI - CUSTOMS CLEARANCE

<input type="checkbox"/> Import permitted	<i>Place and date</i>	<i>Signature and stamp of Customs Officer</i>
<input type="checkbox"/> Import not permitted		

NB! THE CERTIFICATE OF HEALTH AND ORIGIN MUST BE COMPLETED AND FAXED TO +354 530 4801 OR SENT BY E-MAIL TO mast@mast.is AT LEAST 5 WORKING DAYS BEFORE IMPORTATION