



Importer	Name of cat
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**NB! LABORATORY REPORTS MUST BE IN ENGLISH**

<b>PART 6 LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION</b>	
I, the undersigned authorised veterinarian, confirm that the cat identified in part 2, based upon original laboratory certificates, fulfills the following requirements as stated in in parts 6 a)-b)	
<b>6 a) FeLV (<i>Feline leukemia virus</i>)</b>	
A blood sample drawn within the last 30 days prior to importation has been tested for FeLV ( <i>Feline leukemia virus</i> ) with a <u>negative result</u> Approved laboratory methods for testing of FIV: ELISA, IFA, PCR. <b>The laboratory report must be submitted with this certificate.</b> FIV/FeLV test kits based on accredited methods are approved. In case of in-house testing, a statement from the veterinarian must be included (see guidance notes).	
Date of blood sampling	Name of laboratory or name and producer of FIV/FeLV test kit
<b>6 b) FIV (<i>Feline immunodeficiency virus</i>)</b>	
A blood sample drawn within the last 30 days prior to importation has been tested for FIV ( <i>Feline immunodeficiency virus</i> ) with a <u>negative result</u> Approved laboratory methods for testing of FIV: ELISA, Western blot. <b>The laboratory report must be submitted with this certificate.</b> FIV/FeLV test kits based on accredited methods are approved. In case of in-house testing, a statement from the veterinarian must be included (see guidance notes).	
Date of blood sampling	Name of laboratory or name and producer of FIV/FeLV test kit

<b>PART 7 a) PARASITE TREATMENT NR. 1 OF 2 - BETWEEN 28 AND 21 DAYS PRIOR TO IMPORTATION</b>		
I, the undersigned authorised veterinarian, have treated the cat identified in part 2 with an approved antiparasitic medicinal product as stated below:		
<b>i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.</b>		
Date of treatment (dd/mm/yy)	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):
<b>ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.**</b>		
Date of treatment (dd/mm/yy)	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):

<b>PART 7 b) PARASITE TREATMENT NR. 2 OF 2 - BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION</b>		
I, the undersigned authorised veterinarian, have treated the cat identified in part 2 with an approved antiparasitic medicinal product as stated below:		
<b>i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.</b>		
Date of treatment (dd/mm/yy)	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):
<b>ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.**</b>		
Date of treatment (dd/mm/yy)	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):

\*\*Long-acting products for external parasites given as a 1st treatment, may be valid as the 2nd treatment as well, if it is still valid at the time of importation

<b>PART 8 HEALTH EXAMINATION BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION</b>	
<input type="checkbox"/> I, the undersigned authorised veterinarian, have today examined the cat identified in part 2 and confirm that it does not show any symptoms of contagious diseases or external parasites. <input type="checkbox"/> I have examined the cat with respect to tongue worms ( <i>L. serrata</i> ), scabies ( <i>S. scabiei</i> spp.) and dermatophytosis ( <i>M. canis</i> , <i>M. gypseum</i> , <i>T. mentagrophytes</i> , <i>T. verrucosum</i> ) <input type="checkbox"/> I confirm that the microchip number listed on all documentation accompanying this certificate matches the microchip number scanned in the cat identified in part 2. <input type="checkbox"/> The cat is to be imported to Iceland within maximum 10 days.	

<b>PART 9 SIGNATURE OF AUTHORISED VETERINARIAN</b>	
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 10 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)**

<b>PART 10 PRE-APPROVAL OF CERTIFICATE BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)</b>		
Place and date of signature	Signature & stamp of veterinary officer	MST

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

**TIPPEX (FLUID CORRECTOR) IS NOT ALLOWED**