



CERTIFICATE OF HEALTH AND ORIGIN
FOR IMPORT OF DEEP-FROZEN DOG SEMEN TO ICELAND FROM A CATEGORY 2 COUNTRY

Category 2 countries: Canada, Greenland, Poland, Romania, Singapore, Turkey, USA.

PART 1 IDENTIFICATION OF IMPORTER			
Importer (full name as it appears on import permit)			Tel.no.
Address		Postal code	City
Country		e-mail address	
PART 2 IDENTIFICATION AND ORIGIN OF DONOR DOG			
Country of residence. The dog must have remained in a cat. 1 or 2 country since birth or at least 6 months prior to import			Import permit no.
ID-no (microchip no)		Date of implantation and/or reading of microchip	
Name	Breed	Date of birth (dd/mm/yy)	
PART 3 IDENTIFICATION OF DOG SEMEN CONSIGNMENT			
Date of semen collection (dd/mm/yy)	Packaging type (straws / pellets)	Quantity	
Identification of packaging			
PART 4 SHIPPING OF DOG SEMEN CONSIGNMENT TO ICELAND			
The dog semen shall be stored in a specialized sealed container marked with the name, address and phone number of the importer and the donor dog's microchip number. The container shall be shipped preferably by express shipping service and sent to The Icelandic Food and Veterinary Authority, Office of Import and Export, Dalshraun 1B, 220 Hafnarfjörður, Iceland . Package description: dog semen, customs code 0511.9909.			
Storage of semen prior to shipping to Iceland (name and address of company)			
Shipping company name	Estimated date and time of arrival in Iceland	Flight/AWB/Tracking number	
PART 5 DECLARATION BY OWNER OF DONOR DOG			
Name and address of owner of donor dog			
I, the undersigned owner of the dog identified in part 2 of this certificate, declare that the following applies to the dog:			
<input type="checkbox"/> During the last 60 days prior to semen collection the dog has not mated naturally.			
<input type="checkbox"/> During the last 6 months prior to semen collection the dog has (choose a or b): <input type="checkbox"/> a) remained in the country of export / <input type="checkbox"/> b) visited other approved countries of export . If b) applies, what country/countries:			
Place	Date (dd/mm/yy)	Signature of owner	
PART 6 VACCINATIONS			
I, the undersigned authorised veterinarian, confirm that the dog identified in part 2, based upon original vaccination documents and laboratory certificates, fulfills the following requirements laid down in parts 5 a)-f)			
The dog has been vaccinated according to the specific guidelines for each vaccine regarding the age of the dog 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 dog is not considered fully vaccinated until it has been given the booster vaccine within a set timeframe.			
6 a) Rabies vaccination and antibody titre test			
The dog was at least 12 weeks old at the time of vaccination and any subsequent revaccination was carried out within the period of validity of the preceding vaccination.			
A rabies antibody test with a satisfactory result must be carried out at least 90 days before semen collection, on a blood sample taken not less than 30 days after the preceding vaccination. The antibody titre must be equal to or greater than 0,5 IU/ml. A laboratory report of rabies 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	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 DOG SEMEN WITH ORIGIN IN USA, CANADA, SINGAPORE			
The dog was fully vaccinated in accordance with manufacturer directions against canine influenza. The dog received its last leptospirosis 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)	
6 c) Leptospirosis			
The dog was fully vaccinated in accordance with manufacturer directions against leptospirosis. The dog received its last leptospirosis 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)	

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Importer	Name of donor dog
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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)
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PART 7 LABORATORY TESTS WITHIN 30 DAYS 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 (*Brucella canis*) with a negative result. Approved laboratory methods for testing of *B.canis*: IFAT, RSAT, TAT. **The laboratory report must be submitted with this certificate.**

Date of blood sampling	Name of laboratory
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7 b) Leishmaniosis (*Leishmania spp.*)

A blood sample drawn within the last **30 days** prior to semen collection has been tested for leishmaniosis (*Leishmania spp.*) with a negative result. Approved laboratory methods for testing of *Leishmania spp.*: PCR, ELISA. **The laboratory report must be submitted with this certificate.**

Date of blood/tissue sampling	Name of laboratory
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PART 8 HEALTH EXAMINATION OF DONOR DOG AT THE TIME OF SEMEN COLLECTION

I, the undersigned authorised veterinarian, have today 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
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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.