



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

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

PART 2 - IDENTIFICATION AND ORIGIN OF CAGEBIRD		
Country of origin		Import permit no.
Species (english and latin name)	Colour / markings	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Identification no. (if any)	Age

PART 3 - LABORATORY TESTS WITHIN 21 DAYS PRIOR TO IMPORTATION	
I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE BIRD IDENTIFIED IN PART 2, BASED UPON ORIGINAL LABORATORY CERTIFICATES (WHICH ACCOMPANY THIS CERTIFICATE) FULFILLS THE FOLLOWING REQUIREMENTS	
a) Salmonella spp.	
A fecal sample from the cagebird identified in part 2 has been tested for <i>Salmonella</i> spp. with a negative result. The sample was taken within the last 21 days prior to importation.	
Date of sampling	Name of laboratory
b) Newcastle disease (aPMV-1)	
A sample (<input type="checkbox"/> blood sample / <input type="checkbox"/> cloacal swab / <input type="checkbox"/> fresh faeces) from the bird identified in part 2 has been tested for Newcastle disease with a negative result. The sample was taken within the last 21 days prior to importation.	
Date of sampling	Name of laboratory
c) Avian influenza (H5 and H7)	
A sample (<input type="checkbox"/> blood sample / <input type="checkbox"/> cloacal swab / <input type="checkbox"/> fresh faeces) from the bird identified in part 2 has been tested for Avian Influenza H5 and H7 with a negative result. The sample was taken within the last 21 days prior to importation.	
Date of sampling	Name of laboratory

PART 4 - HEALTH EXAMINATION - NO MORE THAN 10 DAYS BEFORE IMPORTATION
I, THE UNDERSIGNED LICENSED VETERINARIAN, HAVE TODAY EXAMINED THE BIRD IDENTIFIED IN PART 2 OF THIS CERTIFICATE AND CONFIRM THE FOLLOWING:
<input type="checkbox"/> The bird does not show any signs of contagious disease, including parasitic infestations.
<input type="checkbox"/> The owner has assured me that the bird is intended for import to Iceland within a maximum of 10 days

PART 5 - SIGNATURE OF VETERINARIAN		
Name (in capital letters)	Place	Date
Veterinary clinic (name, address, tel.no., e-mail address)	Signature and stamp	

Importer	Bird (name)
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PART 6 - ESTIMATED DATE AND TIME OF ARRIVAL OF THE BIRD TO ICELAND	
Estimated date and time of arrival in Iceland	Flight number

PARTS 7-8 ARE TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY

PART 7 - PRE-APPROVAL BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)	
<input type="checkbox"/> Home quarantine facilities have been approved by MAST <input type="checkbox"/> The certificate of health and origin for import of the cagebird identified in part 2 is approved by MAST	
Place & date	Signature and stamp

PART 8 a) - EXAMINATION BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY IN HOME QUARANTINE	
<input type="checkbox"/> The bird does not show any signs of infectious disease. <input type="checkbox"/> The import permit and required certificates are submitted.	
Place & date	Signature and stamp

PART 8 b) - EXAMINATION BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY AT THE END OF QUARANTINE PERIOD	
<input type="checkbox"/> The bird has been healthy and without signs of infectious disease during quarantine. Quarantine is suspended. <input type="checkbox"/> The bird did show signs of infectious disease during quarantine. <input type="checkbox"/> Quarantine period was prolonged and the pet was treated. <input type="checkbox"/> Quarantine is suspended.	
Place & date	Signature and stamp

REMARKS

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

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