



## CERTIFICATE OF HEALTH AND ORIGIN FOR IMPORT OF A PET RABBIT / GUINEA PIG / HAMSTER / GERBIL / DEGU TO ICELAND

*Pet rabbits / guinea pigs / hamsters / gerbils / degus must be quarantined for four weeks at a MAST approved home quarantine (or at quarantine facilities at a pet shop if applicable). The importer must abide by regulations no. 935/2004 and 201/2020 (with later amendments) regarding importation and quarantine of pets.*

**A COMPLETED AND SIGNED CERTIFICATE OF HEALTH AND ORIGIN MUST BE SENT TO PETIMPORT@MAST.IS AT LEAST 5 DAYS BEFORE IMPORTATION**

PART 1 IDENTIFICATION OF IMPORTER OF PET	
Importer (full name as it appears on import permit)	Tel.no.
Address	Postal code and city
Country	e-mail address

PART 2 IDENTIFICATION AND ORIGIN OF PET		
Country of origin	Import permit no.	
Animal species	Fur / colour	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Identification no. (rabbits)	Age

PART 3 TESTING FOR SALMONELLOSIS - NO MORE THAN 21 DAYS BEFORE IMPORTATION	
I, the undersigned veterinarian confirm that a <u>fecal sample</u> from the pet identified in part 2 of this certificate has been tested for <i>Salmonella</i> spp. with a <b>negative</b> result. The sample was taken within the last <b>21 days</b> prior to importation. <u>A copy of the laboratory report accompanies this certificate.</u>	
Date of sampling	Name of laboratory

PART 4 HEALTH EXAMINATION - NO MORE THAN 10 DAYS BEFORE IMPORTATION
<b>I, the undersigned authorised veterinarian have today examined the pet identified in part 2 of this certificate and confirm the following:</b>
<input type="checkbox"/> The pet does not show any signs of contagious disease, including parasitic infestations.
<input type="checkbox"/> Female: the pet is not considered to be pregnant.
<input type="checkbox"/> The importer (owner) has assured me that the pet is intended for import to Iceland within a maximum of 10 days

PART 5 SIGNATURE OF VETERINARIAN	
Name, qualification and title of authorised veterinarian	e-mail address of authorised veterinarian
Veterinary clinic (name, address, tel.no., e-mail address)	Place and date of signature
	Signature & stamp of authorised veterinarian

PART 6 ESTIMATED DATE AND TIME OF ARRIVAL OF THE PET TO ICELAND	
Estimated date and time of arrival in Iceland	Flight number
Address of home quarantine.	

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 pet identified in part 2 is approved by MAST		
Place and date of signature	Signature & stamp of veterinary officer	MST