



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT  
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No: .....

Import Permit No:

EXPORT OF CATS TO ICELAND

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. IDENTIFICATION OF CAT

| Name | Breed | Fur/Colour | Date of Birth |
|------|-------|------------|---------------|
|      |       |            |               |

- a) Male/Female\*
- b) Intact/Neutered\*
- c) Microchip Number:
- d) Date of implantation\*  
and/or date of reading\* of microchip:

II. Origin of the animals

Name and address of exporter:

Tel.no:

E-mail address:

III. Destination of the animals

Name and address of importer:

Tel.no:

E-mail address:

IV. Transport and Quarantine Reservations

- (a) Flight Number:
- (b) Estimated Time of Arrival:
- (c) Quarantine Reservations at HAFNIR(Reykjanesbær)\*  
or MÓSEL(Helia)\*

V. Health Information

I, the undersigned Official Veterinarian, hereby certify that:

- a) the cat is neither pregnant nor nursing kittens at the time of export.
- b) the cat does not require medical treatments in relation to surgery or disease.
- c) I have received assurances from the exporter that during the 6 months prior to export\*/or since birth\*  
Either  
(i) the cat has remained country of export\*  
  
Or  
(ii) the cat has visited the following category 1 rabies free country
- d) I can confirm that the cat identified in Part I of this certificate and based upon original vaccination documents and laboratory certificates fulfils the following requirements:

- (i) **Rabies vaccination and antibody titre test** the cat 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

Vaccine name, manufacturer and batch number:

Date of current rabies vaccination:

Valid until (date):

Date of blood sampling:

- (ii) The cat was fully vaccinated against **feline panleukopenia** in accordance with the manufacturer's directions against and the (last) vaccination was given no less than 14 days prior to the scheduled date of export

Date of vaccination:

Vaccine name and manufacturer:

Valid until (date):

(iii) The cat was fully vaccinated against **feline rhinotracheitis** in accordance with the manufacturer's directions against and the (last) vaccination was given no less than 14 days prior to the scheduled date of export.

(iv) The cat was fully vaccinated against **calicivirus** in accordance with the manufacturer's directions against and the (last) vaccination was given no less than 14 days prior to the scheduled date of export.

(v) **Feline leukaemia virus (FeLV)** a blood sample was taken, within 30 days prior to the scheduled date of export, with a negative result.

Date of blood sampling:

Name of laboratory or name and producer of test kit:

(vi) **Feline Immunodeficiency Virus (FIV)** a blood sample was taken, within 30 days prior to the scheduled date of export, with a negative result.

Date of blood sampling:

Name of laboratory or name and producer of test kit:

e) The cat has been treated for internal and external parasites twice prior to export

(i) Internal parasites(round worms and tapeworms) (date of 1<sup>st</sup> treatment), this treatment was administered between 28-21 days prior to scheduled date of export, (date of 2<sup>nd</sup> treatment) this treatment was administered between 10-5 days prior to scheduled date of export.

(ii) External parasites(lice, fleas and ticks) (date of 1<sup>st</sup> treatment), this treatment was administered between 28-21 days prior to scheduled date of export, (date of 2<sup>nd</sup> treatment) this treatment was administered between 10-5 days prior to scheduled date of export.

f) I have examined the cat, identified in Part I of this certificate, today (being between 10 - 5 days prior to export) and confirm that that it does not show any symptoms of contagious diseases or external parasites, tongue worms (*L.serrata*), scabies (*S.scabiei spp.*) and dermatatphytosis (*M.canis*, *M.gypseum*, *T.mentgrphytes*, *T.verrucosum*).

g) I confirm that the microchip number listed on all documentation accompanying this certificate matches the microchip number scanned in the cat identified in part I of the certificate.

h) I can confirm that I have been informed by the exporter that the cat is to be exported to Iceland within a maximum of 10 days.

\*delete as applicable

Stamp

Signed .....RCVS

.....  
(Name in block letters)

Official Veterinarian

Address .....

.....

Official e-mail:.....

Date .....

V → 8680EHC APPLICATION