



D1

VETERINARSKO SPRIČEVALO O ZDRAVSTVENEM STANJU IN IZVORU
ZA UVOZ PSA NA ISLANDIJO IZ DRŽAVE KATEGORIJE 1 /
CERTIFICATE OF HEALTH AND ORIGIN
FOR IMPORT OF A DOG TO ICELAND FROM A CATEGORY 1 COUNTRY

VZOREC/SAMPLE

VS-40/12-Islandija

Seznam držav, ki spadajo v kategorijo 1, je naveden na koncu tretje strani /
Refer to bottom of page 3 for a list of category 1 countries

DEL 1 PODATKI O UVOZNIKU PSA / PART 1 IDENTIFICATION OF IMPORTER OF DOG		
Uvoznik (celotno ime, kot je navedeno na uvoznem dovoljenju) / Importer (full name as it appears on import permit)		Tel. št. / Tel.no.
Naslov / Address	Poštna številka / Postal code	Kraj / City
Država / Country	e-poštni naslov / e-mail address	

DEL 2 IDENTIFIKACIJA IN PODATKI O IZVORU PSA / PART 2 IDENTIFICATION AND ORIGIN OF DOG			
Država izvora. Pes mora v državi kategorije 1 bivati od rojstva ali najmanj 6 mesecev pred uvozom / Country of export. The dog must have remained in a category 1 country since birth or at least 6 months prior to import		Št. uvoznega dovoljenja / Import permit no.	Datum rojstva (dd/mm/ll) / Date of birth (dd/mm/yy)
ID-št. (št. mikročipa) / ID-no (microchip no)	Datum vstavitve in/ali odčitavanja mikročipa / Date of implantation and/or reading of microchip	<input type="checkbox"/> Samec / Male <input type="checkbox"/> Samica / Female <input type="checkbox"/> Nekastr./nester. / Intact <input type="checkbox"/> Kastr./steril. / Neutred	
Ime / Name	Pasma / Breed	Dlaka / barva / Fur / colour	

DEL 3 IZJAVA LASTNIKA / UVOZNIKA / PART 3 DECLARATION BY OWNER / IMPORTER		
Spodaj podpisani uvoznik* psa, identificiranega v delu 2 tega spričevala, izjavljam, da za tega psa velja: / I, the undersigned importer* of the dog identified in part 2 of this certificate, declare that the following applies to the dog:		
<input type="checkbox"/> V 6 mesecih pred uvozom (ali od rojstva) je pes (izberi a ali b): / During the last 6 months prior to importation (or since birth) the dog has (choose a or b):		
<input type="checkbox"/> a) bival v državi izvoza / remained in the country of export <input type="checkbox"/> b) obiskal druge države kategorije 1 / visited other category 1 countries		
V primeru b), katere države je obiskal: / If b) applies, what country/countries:		
<input type="checkbox"/> Velja le za nekastrirane/nesterilizirane pse in psice: v 60 dneh pred uvozom se pes ni naravno paril. / Applies to intact dogs only (males and females): During the last 60 days prior to importation the dog has not mated naturally.		
V času uvoza psica ni breja niti ne doji mladičev. V času uvoza pes ne bo potreboval zdravljenja zaradi operacije ali bolezni (nekateri izjeme so možne, vendar <input type="checkbox"/> le s posebnim dovoljenjem, ki ga odobri MAST). / At the time of importation the dog is neither pregnant nor nursing puppies. At the time of importation the dog will not require treatment in relation to surgery or disease (some exemptions may apply but only with special permission granted by MAST).		
Kraj / Place	Datum (dd/mm/ll) / Date (dd/mm/yy)	Podpis / Signature of <input type="checkbox"/> uvoznika / importer <input type="checkbox"/> v imenu uvoznika / on behalf of importer

*V primeru, ko je potrebno, lahko oskrbnik psa v državi izvoza podpiše izjavo v imenu lastnika. / If applicable, the caretaker of the dog in the country of export can sign the declaration on behalf of the importer.

DEL 4 PREDVIDEN ČAS PRIHODA PSA NA ISLANDIJO IN REZERVACIJE KARANTENE / PART 4 ESTIMATED ARRIVAL OF DOG TO ICELAND & QUARANTINE RESERVATIONS		
Dovoljeni čas prihoda živali na letališče Keflavik: med 06:00 in 17:00 ob dnevih sprejema v karanteno. Za dovoljenje prispetja izven tega časa je možno zaprositi MAST. Takšno dovoljenje ni zagotovljeno. Zaradi pregleda in nadzora bodo v tem primeru nastali znatni dodatni stroški, ki jih krije uvoznik. / The permitted time for arrival of animals at Keflavik airport: between 06:00 and 17:00 on the quarantine admission days. It is possible to apply directly to MAST for permission for arrival outside of these specified hours. Such permission is not guaranteed. This will result in considerable additional costs payable by the importer in relation to inspection and supervision.		
Predviden datum in ura prihoda na Islandijo / Estimated date and time of arrival in Iceland	Številka leta / Flight number	Rezervacija karantene v/ Quarantine reservations at <input type="checkbox"/> HAFNIR (Reykjanesbær) <input type="checkbox"/> MÓSEL (Hella)

DEL 5 CEPLJENJA / PART 5 VACCINATIONS	
Spodaj podpisani pooblaščen veterinar potrjujem, da pes, identificiran v delu 2, na podlagi originalnih dokumentov o cepljenju in laboratorijskih izvidov, izpolnjuje spodaj navedene zahteve, opisane v delu 5 a)-f) / 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)	
Pes je bil cepljen v skladu s specifičnimi navodili za vsako cepivo glede starosti psa ob cepljenju in številom cepljenj, potrebnih za popolno zaščito cepiva. Če je po prvem cepljenju potrebno ponovno cepljenje, se pes ne smatra za popolno cepljenega, dokler ne prejme ponovne doze cepiva v določenem časovnem okvirju. / 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.	

5 a) Cepljenje proti steklini in test titracije protiteles / 5 a) Rabies vaccination and antibody titer test			
Pes je bil ob cepljenju star najmanj 12 tednov , nadaljnja cepljenja so bila izvedena v času trajanja veljavnosti predhodnega cepljenja. / 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.			
Test titracije protiteles proti steklini je bil opravljen na vzorcu krvi, ki ni bil odvzet prej kot 30 dni po predhodnem cepljenju ter je bil enak ali večji kot 0,5 IU/ml. Laboratorijsko poročilo o testu titracije protiteles proti steklini je treba predložiti skupaj s tem spričevalom. / A rabies antibody titre test carried out on a blood sample taken not less than 30 days after the preceding vaccination, proved an antibody titre equal to or greater than 0,5 IU/ml. A laboratory report of rabies antibody titre test must be submitted with this certificate.			
Podatki o trenutno veljavnem cepljenju proti steklini in o vzorčenju za test titracije protiteles proti steklini / Details of the current rabies vaccination and sampling for antibody titre test			
Ime cepiva, proizvajalec in številka serije / Vaccine name, manufacturer and batch number	Datum cepljenja (dd/mm/ll) / Date of vaccination (dd/mm/yy)	Velja do (dd/mm/ll) / Valid until (dd/mm/yy)	Datum odvzema vzorca krvi (dd/mm/ll) / Date of blood sampling (dd/mm/yy)
5 b)-f) Druga cepljenja / 5 b)-f) Other vaccinations			
V zvezi z delom 5 b)-f): Pes je bil v celoti cepljen v skladu z navodili proizvajalca proti naslednjim boleznim, zadnje cepljenje pa ni bilo izvedeno v času 14 dni pred uvozom na Islandijo. Regarding parts 5 b)-f): The dog was fully vaccinated in accordance with manufacturer directions against the following diseases with the last vaccination given no less than 14 days prior to importation to Iceland.			
Cepljenje proti / Vaccination against	Datum cepljenja (dd/mm/ll) / Date of vaccination (dd/mm/yy)	Ime cepiva in proizvajalec / Vaccine name and manufacturer	Velja do (dd/mm/ll) / Valid until (dd/mm/yy)
5 b) Leptospiroza / 5 b) Leptospirosis			
5 c) Pasja kuga / 5 c) Canine distemper			
5 d) Kužni hepatitis psov / 5 d) Infectious canine hepatitis			
5 e) Pasja parvoviroza / 5 e) Canine parvovirus			
5 f) Pasja parainfluenza / 5 f) Canine parainfluenza			
DEL 6 LABORATORIJSKI TESTI, OPRAVLJENI V ČASU NAJVEČ 30 DNI PRED UVOZOM / PART 6 LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION			
Spodaj podpisani pooblaščen veterinar potrjujem, da pes, identificiran v delu 2, na podlagi originalnih laboratorijskih potrdil, izpolnjuje spodaj navedene zahteve, opisane v delu 6 a)-b) / 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 6 a)-b)			
6 a) Pasja bruceloza (<i>Brucella canis</i>) / 6 a) Brucellosis (<i>Brucella canis</i>)			
Vzorec krvi, odvzet največ 30 dni pred uvozom, je bil testiran na pasjo brucelozo (<i>Brucella canis</i>) in rezultat je negativen . Odobrene laboratorijske metode za testiranje B. canis: IFAT, RSAT, TAT. Laboratorijsko poročilo je treba predložiti skupaj s tem spričevalom. / A blood sample drawn within the last 30 days prior to importation has been tested for brucellosis (<i>Brucella canis</i>) with a negative result . Approved laboratory methods for testing of <i>B.canis</i> : IFAT, RSAT, TAT. The laboratory report must be submitted with this certificate.			
Datum odvzema vzorca krvi / Date of blood sampling	Ime laboratorija / Name of laboratory		
6 b) Lejšmanioza (<i>Leishmania</i> spp.) – VELJA LE ZA NEKASTRIRANE IN NESTERILIZIRANE PSE IN PSICE, / 6 b) Leishmaniosis (<i>Leishmania</i> spp.) - APPLIES ONLY TO INTACT MALES AND FEMALES			
Testiranje na lejšmaniozo ni potrebno za sterilizirane/kastrirane pse/psice. Veterinar mora potrditi reproduktivni status psa, kot je navedeno v delu 2. Vzorec krvi, odvzet največ 30 dni pred uvozom, je bil testiran na lejšmaniozo (<i>Leishmania</i> spp.) in rezultat je negativen . Odobrene laboratorijske metode za testiranje <i>Leishmania</i> spp.: PCR, ELISA. Laboratorijsko poročilo je treba predložiti skupaj s tem spričevalom. / Leishmaniosis testing is not required for neutered male / female dogs. The veterinarian must confirm the reproductive status of the dog as stated in Part 2. A blood sample drawn within the last 30 days prior to importation has been tested for leishmaniosis (<i>Leishmania</i> spp.) with a negative result . Approved laboratory methods for testing of <i>Leishmania</i> spp.: PCR, ELISA. The laboratory report must be submitted with this certificate.			
Datum odvzema vzorca krvi/tkiva / Date of blood/tissue sampling	Ime laboratorija / Name of laboratory		
Uvoznik / Importer	Ime psa / Name of dog		
DEL 7 Angiostrongylus vasorum - LABORATORIJSKI TEST (znotraj 30 d.) ALI ZDRAVLJENJE (5-10 d.) / PART 7 Angiostrongylus vasorum - EITHER LABORATORY TEST (within 30 d.) OR TREATMENT (5-10 d.)			
Podpisani pooblaščen veterinar potrjujem, da pes, identificiran v delu 2, izpolnjuje pogoje 7a) ali 7 b) glede testiranja/zdravljenja <i>A. vasorum</i> . Označi 7 a) ali 7 b): I, the undersigned authorised veterinarian, confirm that the dog identified in part 2, fulfills either part 7a) or 7b) regarding testing/treatment for <i>A.vasorum</i> . Choose either 7a) or 7b) as applicable:			
<input type="checkbox"/> 7 a) Angiostrongylus vasorum – laboratorijski test, opravljen največ 30 dni pred uvozom / 7 a) Angiostrongylus vasorum – laboratory test within 30 days of importation			
Vzorec krvi ali blata, odvzet največ 30 dni pred uvozom, je bil testiran za <i>A. vasorum</i> in rezultat je negativen . Odobrene laboratorijske metode za testiranje <i>A. vasorum</i> : Vzorec krvi: ELISA, PCR. Vzorec blata: Baermannova metoda. Laboratorijski izvid je treba predložiti skupaj s tem spričevalom. / A blood or faeces sample taken within the last 30 days prior to importation has been tested for <i>A. vasorum</i> with a negative result . Approved laboratory methods for testing of <i>A. vasorum</i> : Blood sample: ELISA, PCR. Faeces sample: Baermann method. The laboratory report must be submitted with this certificate.			
Datum odvzema vzorca krvi/blata / Date of blood/faeces sampling	Ime laboratorija / Name of laboratory		
<input type="checkbox"/> 7 b) Angiostrongylus vasorum – zdravljenje med 10 in 5 dnevi pred uvozom / 7 b) Angiostrongylus vasorum – treatment between 10 and 5 days prior to importation			
Pes je prejel sredstvo proti <i>A. vasorum</i> z odobrenim antiparazitskim zdravilom, namenjenim zatiranju <i>A. vasorum</i> , kot je označeno spodaj: / The dog has been treated for <i>A. vasorum</i> with an approved antiparasitic medicinal product indicated for <i>A.vasorum</i> as stated below:			
Datum zdravljenja / Date of treatment	Ime in proizvajalec proizvoda, ki vsebuje imidacloprid in moxidectin (Advocate® ali Advantage Multi®) / Name and manufacturer of the product containing imidacloprid and moxidectin (Advocate® or Advantage Multi®)		
DEL 8 a) ZDRAVLJENJE ZARADI ZAJEDAVCEV ŠT. 1 OD 2 – MED 28 IN 21 DNEVI PRED UVOZOM / PART 8 a) PARASITE TREATMENT NR. 1 OF 2 - BETWEEN 28 AND 21 DAYS PRIOR TO IMPORTATION			
Spodaj podpisani pooblaščen veterinar sem zdravil psa, identificiranega v delu 2 tega spričevala, z odobrenim antiparazitikom, kot je navedeno spodaj: / I, the undersigned authorised veterinarian, have treated the dog identified in part 2 of this certificate treatment with an approved antiparasitic medicinal product as stated below:			
i) Zdravljenje notranjih zajedavcev. Zdravilo mora biti namenjeno zatiranju glist in trakulj. / i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.			

Datum zdravljenja / Date of treatment	Ime in proizvajalec proizvoda / Name and manufacturer of the product	Način uporabe / Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> topikalno / Topical <input type="checkbox"/> drugo (navedi) / Other (specify):
ii) Zdravljenje zunanjih zajedavcev. Zdravilo mora biti namenjeno zatiranju uši, bolh in kloпов. / ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.		
Datum zdravljenja / Date of treatment	Ime in proizvajalec proizvoda / Name and manufacturer of the product	Način uporabe / Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> topikalno / Topical <input type="checkbox"/> drugo (navedi) / Other (specify):

**DEL 8 b) ZDRAVLJENJE ZARADI ZAJEDAVCEV ŠT. 2 OD 2 – MED 10 IN 5 DNEVI PRED UVOZOM /
PART 8 b) PARASITE TREATMENT NR. 2 OF 2 – BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION**

Spodaj podpisani pooblaščen veterinar sem zdravil psa, identificiranega v delu 2 tega spričevala, z odobrenim antiparazitikom, kot je navedeno spodaj: /
I, the undersigned authorised veterinarian, have treated the dog identified in part 2 of this certificate treatment with an approved antiparasitic medicinal product as stated below:

**i) Zdravljenje notranjih zajedavcev. Zdravilo mora biti namenjeno zatiranju glist in trakulj. /
i) Treatment for internal parasites. Medicinal product must be indicated for roundworms and tapeworms.**

Datum zdravljenja / Date of treatment	Ime in proizvajalec proizvoda / Name and manufacturer of the product	Način uporabe / Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> topikalno / Topical <input type="checkbox"/> drugo (navedi) / Other (specify):
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**ii) Zdravljenje zunanjih zajedavcev. Zdravilo mora biti namenjeno zatiranju uši, bolh in kloпов. /
ii) Treatment for external parasites. Medicinal product must be indicated for lice, fleas and ticks.**

Datum zdravljenja / Date of treatment	Ime in proizvajalec proizvoda / Name and manufacturer of the product	Način uporabe / Route of administration: <input type="checkbox"/> PO <input type="checkbox"/> SC <input type="checkbox"/> IM <input type="checkbox"/> topikalno / Topical <input type="checkbox"/> drugo (navedi) / Other (specify):
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**DEL 9 ZDRAVSTVENI PREGLED MED 10 IN 5 DNEVI PRED UVOZOM /
PART 9 HEALTH EXAMINATION BETWEEN 10 AND 5 DAYS PRIOR TO IMPORTATION**

Spodaj podpisani pooblaščen veterinar sem danes pregledal psa, identificiranega v delu 2, in potrjujem, da ne kaže nobenih znakov nalezljivih boleznih ali zunanjih zajedavcev. /
 I, the undersigned authorised veterinarian, have today examined the dog identified in part 2 and confirm that it does not show any symptoms of contagious diseases or external parasites.

Psa sem pregledal glede pentastomid (*L. serrata*), garij (*S. scabiei* spp.), dermatofitoz (*M. canis*, *M. gypseum*, *T. mentagrophytes*, *T. verrucosum*) in prenosljivega veneričnega tumorja psov (CTVT s pregledom zunanjih genitalij) /
 I have examined the dog with respect to tongue worms (*L. serrata*), scabies (*S. scabiei* spp.), dermatophytosis (*M. canis*, *M. gypseum*, *T. mentagrophytes*, *T. verrucosum*) and canine transmissible venereal tumors (CTVT by thorough examinations of external genitals)

Potrjujem, da se št. mikročipa, ki je navedena na priloženi dokumentaciji tega spričevala, ujema s št. mikročipa psa, navedenega v delu 2. /
 I confirm that the microchip number listed on all documentation accompanying this certificate matches the microchip number scanned in the dog identified in part 2.

Pes bo uvožen na Islandijo v roku največ 10 dni. /
 The dog is to be imported to Iceland within maximum 10 days.

**DEL 10 PODPIS POOBLAŠČENEGA VETERINARJA /
PART 10 SIGNATURE OF AUTHORISED VETERINARIAN**

Ime, kvalifikacija in naziv pooblaščenega veterinarja / Name, qualification and title of authorised veterinarian	e-naslov pooblaščenega veterinarja / e-mail address of authorised veterinarian
Ime, naslov in tel. št. veterinarske bolnice / Veterinary hospital name, address and tel.no.	Kraj in datum podpisa / Place and date of signature
	Podpis in žig pooblaščenega veterinarja / Signature & stamp of authorised veterinarian

**DEL 11 POTRDITEV URADNEGA VETERINARJA, POOBLAŠČENEGA S STRANI PRISTOJNEGA ORGANA V DRŽAVI IZVOZA /
PART 11 ENDORSEMENT BY OFFICIAL VETERINARIAN ON BEHALF OF COMPETENT AUTHORITY IN THE COUNTRY OF EXPORT**

Po ustreznem pregledu in po moji najboljši vednosti so vsi podatki na tem spričevalu o zdravstvenem stanju in izvoru za uvoz psa na Islandijo resnični. /
After due enquiry and to the best of my knowledge, all the information in this certificate of health and origin for import of a dog to Iceland, is true.

Ime, kvalifikacija in naziv uradnega veterinarja / Name, qualification and title of official veterinarian	e-naslov uradnega veterinarja / e-mail address of official veterinarian
Ime, naslov in tel. št. pristojnega organa / Competent authority name, address and tel.no.	Kraj in datum podpisa / Place and date of signature
	Podpis in žig uradnega veterinarja / Signature & stamp of official veterinarian

**DEL 12 IZPOLNI URAD ZA HRANO IN VETERINO ISLANDIJE (MAST) /
PART 12 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)**

**DEL 12 PRED-ODOBRITEV SPRIČEVALA S STRANI URADA ZA HRANO IN VETERINO ISLANDIJE (MAST) /
PART 12 PRE-APPROVAL OF CERTIFICATE BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)**

Kraj in datum podpisa / Place and date of signature	Podpis in žig veterinarskega uradnika / Signature & stamp of veterinary officer	MST
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**Države kategorije 1 glede na Dodatek I, Predpisi o uvozu psov in mačk /
Category 1 countries according to Appendix I, Regulation on Importation of Dogs and Cats**

Avstralija, Avstrija, Belgija, Bolgarija, Hrvaška, Ciper, Češka, Danska, Estonija, Ferski otoki, Finska, Francija, Nemčija, Grčija, Madžarska, Irska, Italija, Japonska, Latvija, Lihenštajn, Litva, Luksemburg, Malta, Nizozemska, Norveška (razen Svalbard), Portugalska, Srbija, Slovaška, Slovenija, Španija, Švedska, Švica, Združeni arabski emirati, Združeno kraljestvo. /

Australia, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway (excl. Svalbard), Portugal, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom.

SPRIČEVALO IN IZVIDI TESTOV MORAJO BITI MAST-U POSLANI PO E-POŠTI (petimport@mast.is) NAJKASNEJE 5 DNI PRED UVOZOM. / THIS CERTIFICATE AND TEST REPORTS MUST BE SENT TO MAST BY E-MAIL (petimport@mast.is) NO LESS THAN 5 DAYS BEFORE IMPORTATION.

MAST - Office of Import & Export - Dalshraun 1B - 220 Hafnarfjörður - Iceland - Tel.: 530 4800 - petimport@mast.is