



Yfirdýralæknir

Chief Veterinary Officer

Sölvhólsögötu 7 - 150 Reykjavík - Iceland

Sími/Tel: 560 9750 Fax: 552 1160

ANIMAL HEALTH CERTIFICATE FOR EXPORT OF PET DOG/CAT FROM ICELAND TO UNITED KINGDOM PET TRAVEL SCHEME

PART I (Identification of owner and animal)

Owner/importer:		
Address:		
Post code:	City:	Country:
Animal identification: Cat <input type="checkbox"/> Dog <input type="checkbox"/>	Breed/Special markings:	ID-no (microchip) and location of chip:

Certificate Number:

PART II (Certification from District Veterinary Officer)

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I, the undersigned District Veterinary Officer, confirm that the animal identified in Part I, based upon clinical evaluation, original vaccination documents and laboratory certificates, fulfils the following animal health requirements:	
<ol style="list-style-type: none">1) The animal shows no clinical signs of rabies infection.2) The animal is vaccinated against rabies with an approved vaccine.3) At the time of vaccination the animal was at least 3 months old and had a microchip implant corresponding to the microchip number recorded in Part I.4) (one of the alternatives must be deleted)<ol style="list-style-type: none">a) A blood sample for verification of antibody titre against rabies was taken after the last vaccination, tested in a laboratory which was at the time of the test recognised by MAFF, UK for the purpose and attained the rabies neutralising antibody titre equal to or greater than 0,5 IU/ml, orb) the animal has previously fulfilled the requirement in 4 a) and has since been re-vaccinated with the intervals specified by the vaccine manufacturer.	
Date of blood sampling:	Name of laboratory:
This certification is valid from: <i>(from a date 6 months after the blood sampling date or from the date of re-vaccination)</i>	This certification is valid until: <i>(until the date on which re-vaccination is required)</i>
District Veterinary Officer in	
Place and date:	Name in BLOCK LETTERS, Signature and stamp: