



Self-declaration confirming the treatment for echinococcosis (fox tapeworm infection)

- for use when bringing dogs or cats older than 3 months to Norway from Sweden

Information concerning the owner																												
Owner's name: 	Phone number: 																											
Address: 	Car licence plate number if relevant: 																											
Information concerning the animal																												
The animal's name (and ID-number if relevant): 	Age: 																											
Breed: 	Gender: 																											
Declaration from the owner																												
<p>Indicate which alternative is relevant by ticking the correct box:</p> <p><input type="checkbox"/> a. For a single trip to Norway: The animal has been treated with a medicine approved for the treatment of echinococcosis (fox tapeworm infection) (date).....at (time) The name of the medicine:.....</p> <p><input type="checkbox"/> b. For frequent trips to Norway: The animal has been treated with a medicine approved for the treatment of echinococcosis (fox tapeworm infection) (date).....at (time) The name of the medicine:.....</p> <p>I understand that I later won't be able to re-enter Norway from Sweden with this animal unless it is retreated within 28 days after the previous treatment. The final treatment must be given in Norway within 28 days of the previous treatment.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Date + time that treatment was given</th> <th style="width: 45%;">Name of medicine</th> <th style="width: 30%;">Signature</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date + time that treatment was given	Name of medicine	Signature																								
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<p>I undertake to retain all declarations concerning the tapeworm treatment for at least 3 months. The declaration must be presented to the Norwegian Food Safety Authority (Mattilsynet) or the Norwegian Customs on request.</p> <p>Date – When choosing alternative b the date noted here should be the date when the declaration is signed for the first time</p> <p style="text-align: right;">Signature</p>																												