



State of New Mexico

# Board of Veterinary Medicine



**MICHELLE LUJÁN GRISHAM**

*Governor*



Samantha R. Uhrig, DVM

*Chair*

William J. Duran

*Executive Director and CFO*

## APPLICATION FOR LICENSURE - VETERINARY FACILITY DO NOT USE FOR VETERINARY FACILITY LICENSE RENEWAL

Please read the entire form carefully and fill in as appropriate; incomplete application forms will not be processed. This form is available for download from the web site address at bottom of page. (See reverse side of form for fee schedule.) Please make check or money order payable to: BOARD OF VETERINARY MEDICINE

Check as appropriate:  Stationary Clinic or Building  Mobile Unit Only

Is this application the result of a change in Licensee Manager or physical location?  Yes  No

Current Facility License No. \_\_\_\_\_

### PHYSICAL ADDRESS\*

\*APPLICATION WILL NOT BE PROCESSED WITHOUT PHYSICAL ADDRESS.

FACILITY NAME		
STREET		
CITY	STATE	ZIP CODE
PHONE	EMAIL	

### MAILING ADDRESS

HAS CHANGED  
 SAME AS PHYSICAL ADDRESS

FACILITY NAME		
STREET OR PO BOX		
CITY	STATE	ZIP CODE
LICENSEE MANAGER / RESPONSIBLE DVM		

Every veterinary facility must be licensed by the New Mexico Board of Veterinary Medicine. "Facility" means a building, kennel, mobile practice unit vehicle, animal shelter, pet shop, animal supply store, fixed facility, fixed mobile facility, mobile facility, and vaccination clinic where "the practice of veterinary medicine" including aseptic surgery regularly occurs as defined in NMSA 1978, Section 61-14-2.B (1), (2), and (3), to include regularly scheduled vaccination clinics or any other veterinary services. See Board Rule 16.25.1.7 H. (1)-(7) for definitions of "Facility."

Facility licenses are issued and valid for one year and expire on September 30. Separate facility licenses are required for each veterinary location. Any facility that changes location or Licensee Manager must apply for a new facility license from the Board; facility licenses are not transferable.

Each veterinary facility must have a DVM currently licensed to practice in the state of New Mexico to oversee the facility's services. Each application for facility license must include the name and original signature of said Licensee Manager. The Licensee Manager assumes responsibility for the maintenance of minimum standards as set forth in the Rules and Regulations.

When it is determined that the owner, licensee manager or responsible DVM, or facility has violated any provisions of the Veterinary Practice Act or is in violation of the rules promulgated by the board, the board may take disciplinary action as provided by the Veterinary Practice Act.

OFFICE USE ONLY:			POSTMARK DATE
DOC. DATE	DOC. NO. <input type="checkbox"/> BC <input type="checkbox"/> MO	AMOUNT	

## FACILITY LICENSEES

List all licensed Doctors of Veterinary Medicine (DVMs) and Registered Veterinary Technicians (RVTs) currently employed at the facility.

NAME	TYPE	LICENSE NO.
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		

**FEES:** The application fee for a new veterinary facility is \$125. The fee for a change in the physical location of the facility or a change in Licensee Manager is \$125. Fee(s) cannot be refunded, for any reason once the application process has begun. An annual renewal fee of \$125 is due and must be paid on or before September 30 (postal postmark verification.) If paid or postmarked after September 30, but not more than 30 days, a late fee of \$50.00 will be incurred. If paid and postmarked after October 30, a penalty of \$125 will be incurred and the facility's name will be brought before the Board at its next regularly scheduled meeting.

*I, the named Licensee Manager below, apply for a veterinary facility license, in accordance with the New Mexico Veterinary Practice Act and the Rules published by the Board of Veterinary Medicine, and herein affirm that I understand fully all conditions, requirements, and statements prescribed in this document. I further attest to the fact that if I did not understand any part of this application, or statements contained herein, I requested and received from the Board office explanation to my complete understanding.*

\_\_\_\_\_  
PRINTED NAME OF LICENSEE MANAGER, DVM

\_\_\_\_\_  
FACILITY LICENSE NO.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

- \*\* SIGN AND DATE IN INK COLOR OTHER THAN BLACK; AND**
- \*\* SUBMIT ORIGINAL FORM WITH FEE TO BOARD OFFICE.**
- RETAIN A COPY OF FORM FOR YOUR RECORDS.**

**FACSIMILES OR COPIES OF FACIMILES ARE NOT ACCEPTED AND WILL BE RETURNED TO APPLICANT.**