

New Mexico Board of Pharmacy
5200 Oakland NE Suite A
Albuquerque, New Mexico 87113
(505) 222-9830 Instate Toll Free 00) 565-9102
www.rld.state.nm.us/pharmacy

ANIMAL CONTROL CLINIC APPLICATION

FEE \$100.00 Biennial (Pay by check or money order)

NEW Change of Ownership RENEWAL

Name & Address (or changes)

Telephone Number: _____ Fax Number: _____

I (we) hereby make application for a Drug Permit for dangerous drugs which will be administered, in accordance with the New Mexico Pharmacy Act; New Mexico Drug & Cosmetic Act; New Mexico Controlled Substances Act; and Board of Pharmacy Rules & Regulations.

I (we) understand that license is due December 31 of every other year and that license or permit is not transferable, and furthermore that a separate license is necessary for each location of doing business. This application must be received or postmarked by December 31.

You must include an additional \$25.00 (the late penalty) if postmarked after December 31.

1. Please circle a, b, c, or d
 - a. If an individual is owner, give name and address;
 - b. If a partnership is owner, give name and address of all partners (attach list);
 - c. If a corporation or municipality, list name, address and title of all officers, (attach list);
 - d. If county, city, state or church is owner, give name, address and title of all officers, (attach list).
2. Is drug room and/or cabinet securely locked when not in immediate? Yes No
3. Adequate refrigeration for thermolabile products? Yes No
4. Name of consultant pharmacist _____ License Number _____
5. Name of veterinarian in charge _____ License Number _____
6. Federal DEA No. _____ NMCS # _____
7. Provide a list of all dangerous drugs or controlled substances to be used in this facility.

We have not been arrested, investigated for, charged with, convicted of, sentenced, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government. *

Signature _____

We have not any disciplinary actions, or have any pending actions against me, or to my knowledge been investigated by any professional licensing authority. *

Signature _____

***If the above statements are not true, explain the circumstances, include a copy of the judgment, and attach to this application.**

I (we) hereby certify that the information given in this application is true and correct to the best of my (our) knowledge.

Signature - Veterinarian in charge

Print Name

Consultant Pharmacist

Print Name