



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5500 San Antonio Drive NE, Suite C • Albuquerque, New Mexico 87109

(505) 222-9830 • (800) 565-9102

<http://www.rld.state.nm.us/boards/pharmacy.aspx>

ANIMAL CONTROL CLINIC NEW or RENEWAL APPLICATION

FEE \$100.00 Biennial (Make check or money order payable to New Mexico Board of Pharmacy)

Please check a box:

- NEW
- Change of Ownership
- RENEWAL / License # CL _____

If this is a renewal it must be received or postmarked December 31. If not postmarked by December 31, attach late penalty of \$25.00.

Name & Mailing Address

Location Address:

Telephone Number: _____

Fax Number: _____

Contact Person Name & Title _____ Telephone # _____

I, (we) the undersigned, hereby apply 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.

- 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 thermo labile 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.

I/we have not since the time of our initial licensure or last renewal been arrested, investigated, charged, convicted, 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 _____

I/we have not since the time of our initial licensure or last renewal had 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.

Veterinarian in charge Signature

Veterinarian in charge printed name

Consultant Pharmacist Signature

Consultant Pharmacist printed name