

State of New Mexico  
**Board of Veterinary Medicine**

**MICHELLE LUJÁN GRISHAM**  
*Governor*



Lawrence D. Young, DVM  
*Chair*

Deborah L. Schenk  
*Executive Director and CFO*

**APPLICATION FOR LICENSURE – ANIMAL SHELTER**  
*(PLEASE TYPE OR PRINT LEGIBLY)*

*Please read the entire form carefully and fill in as appropriate; incomplete applications will be returned. **License fee of \$150 must accompany application.** Payment is accepted via personal check, money order or cashier's check payable to BOARD OF VETERINARY MEDICINE. **Fee cannot be refunded, for any reason, once the application process has begun.** This application, all supporting documentation and materials submitted herewith become the property of the State of New Mexico and will not be returned.*

*You must notify the Board, in writing, of any changes to your name and/or address information. A Change of Address form is available at the Board's website: [www.bvm.nm.gov](http://www.bvm.nm.gov)*

**AGENCY INFORMATION:**

SHELTER NAME
DIRECTOR/MANAGER NAME
SHELTER DIRECTOR/MANAGER EMAIL ADDRESS

OFFICE USE ONLY	
Date of Application Fee	
Doc. No.	
Amount	
License No.	
Date of Issue	
Initials	

**CURRENT ADDRESS INFORMATION:**

MAILING ADDRESS		
PHYSICAL ADDRESS		
CITY	STATE	ZIP/POSTAL CODE
TELEPHONE	FAX	

List Agency's licensed euthanasia technician(s):

Identify and describe any contracts with a licensed supervising veterinarian, a consulting pharmacist and any holder of DEA licenses.

Animal Shelter agrees to\*:

**A.** have at least one licensed euthanasia technician on staff who shall at all times be assisted by a trained assistant as specified in 16.24.3.11 NMAC for each method of humane euthanasia;

**B.** provide the names of current licensed euthanasia technicians at the time of renewal for licensure and shall notify the board when there is a change in licensed euthanasia technicians at the agency within 30 days;

**C.** have a written contingency plan for providing euthanasia in the event the shelter is without a licensed euthanasia technician;

**D.** notify the board in the event it no longer has a licensed euthanasia technician on staff within 72 hours;

**E.** keep accurate controlled substance and dangerous drug logs, in compliance with applicable State-controlled substances laws, which shall be inspected quarterly according to the guidelines of the New Mexico Board of Pharmacy and shall be made available to the Board-approved animal shelter inspector;

**F.** identify and describe any contracts with a licensed supervising veterinarian, a consulting pharmacist and any holder of DEA licenses;

**G.** comply with Board inspections; and

**H.** provide any other information or verifications the Board may request.

**\*Sheltering providers that do not perform euthanasia are exempt from complying with terms A-F.**

*I herein affirm that I understand fully all conditions, requirements, and/or statements set forth in this document. I further affirm if I did not understand any part or portion of this application, I requested and received from the NMBVM explanation(s) to my complete understanding.*

\_\_\_\_\_  
SIGNATURE – Shelter Manager or Licensed Supervising Veterinarian

\_\_\_\_\_  
DATE

STATE OF

COUNTY OF

SEAL

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
DATE



## Table of Licensure Requirements Euthanasia Agency



Required Documentation	Check List
Application for Licensure – Animal Shelter	<input type="checkbox"/>
Completed, signed and dated application.	<input type="checkbox"/>
* Shelter’s written contingency plan.	<input type="checkbox"/>
\$150 non-refundable fee.	<input type="checkbox"/>
Methods of Payment	Check or money order payable to Board of Veterinary Medicine.