

NEW MEXICO LIVESTOCK BOARD
300 SAN MATEO NE SUITE 1000
ALBUQUERQUE, NM 87108-1500
Phone (505) 841-6161

**APPLICATION FOR EQUINE RESCUE OR RETIREMENT FACILITY
REGISTRATION**

Check one:

- Initial Equine Rescue or Retirement Fee \$250.00/facility
 Annual Inspection and Registration Fee: \$100.00/facility
 Re-inspection Fee: \$100.00/facility
-

Name of Facility: _____
Address: _____
Primary Contact: _____
Telephone: _____ Fax: _____
E-mail: _____ Current Brand _____
Current Premise Identification _____

(if you do not have a premise ID the application can be downloaded from www.newmexicolivestockboard.com. There is **no** fee for this registration)

I. Horses

Number at facility _____ Maximum capacity: _____

II. Preventative Care and Basic Health Management (check all that apply and provide explanation or attach written program, system, or protocol)

- Parasite Control Program _____
 Vaccination Program _____
 Dental Care _____
 Emergency First Aid Kit _____
 Health Records System _____
 Injury Protocol _____

III. Feed Program (check all that are fed and note daily quantity fed)

- Hay _____
 Pasture _____
 Grain _____
 Supplements _____
 Storage of Hay, Grain & Supplements _____
 Free Access to Hay _____

IV. Water (check all that apply)

Indoor water supply: Buckets Automatic Waterers Availability
 Cleanliness _____

Outdoor water supply: Tanks Automatic Waterers Naturally Occurring

Please list all indoor/outdoor water sources:

V. Pastures and Paddocks (check all that apply and explain)

Available for Turnout _____
 Access to Feed and Water _____
 Size _____
 Division of Horses _____

VI. Fencing

Type _____
 Condition _____

VII. Facility (check all that applies and explain)

Barns _____
 Stalls _____
 Stall Size _____
 Number of Stalls: _____
 Isolation/Quarantine Area: _____
 Run-in Sheds _____
 Living Quarters for Workers _____
 Personnel Present at Facility at All Times _____

VII. Farrier

Regular Visits (list frequency) _____

VIII. Horse Transportation

Please describe modes of transportation for horses available at this facility (van, truck trailer, etc.):

IX. Equipment (check all that are available and list number)

Tack _____
 Buckets _____
 Brushes _____
 Hoses _____
 Hay Racks _____

X. Environment (check all that apply and note or attach written explanation of each program)

Safety program _____
 Sanitation program _____
 Bedding program _____
 Manure Removal program _____
 Fly Control program _____

XI. Veterinarian

Name of current Veterinarian _____
Address _____
Phone _____ Fax _____

XII. IRS Status (please check those that apply)

- 501(c) 3- list registration number _____
(attach board member names and addresses and copy of most recent bylaws)
- 501(c) 6- list registration number _____
(attach board member names and addresses and copy of most recent bylaws)
- Sole proprietorship
- Partnership (attach names and address of all partners)
- Corporation

Signature: _____ Date: _____

Submit with appropriate fee to New Mexico Livestock Board. This license, once approved, is renewable annually.

For Office Only: Amount Received: _____ Date Received: _____