IMPORTATION PERMIT APPLICATION NON-GAME - Exotic or Wildlife Held as Pets





NEW MEXICO DEPARTMENT OF GAME & FISH FIELD OPERATIONS DIVISION SPECIAL USE PERMITS PROGRAM ONE WILDLIFE WAY SANTA FE, NM 87507 Email: DGF.Permits@dgf.nm.gov

FOR DEPT. USE ONLY		
Check #		
Amount \$		
Date//		
Initials		
Confinement Plan		
City/County Letter		
Health Certificate		

Please read entire application first. Submit this application along with appropriate documents and photos to the above address. Application must be submitted at least four (4) weeks prior to proposed importation date. Missing documentation may substantially delay the application process. Approval is not guaranteed.

APPLICANTS NAME	EMAIL	
BUSINESS NAME	WEBSITE	
ADDRESS (mailing)	ADDRESS	
CITY, STATE, ZIP	(physical)	
TELEPHONE (Cell)	(Home)	

Requested date of importation:

SPECIES REQUESTED TO BE IMPORTED		QUANTITY Note (S or N) Spayed or Neutered		
*Group	Common Name	Specify Scientific Name (family, genus, species, sub sp.)	Males	Females

*Group- refers to restrictiveness on the importation species list

For additional animals, attach or email the list

SUPPLIER INFORMATION	Health Certificate or License One or more of the following is mandatory prior to
SUPPLIERS NAME	entry (attach copies to application).
BUSINESS NAME	Health Certificate from an Accredited Veterinarian
ADDRESS	Rearing Facility Inspection certificate of health from an Accredited Veterinarian
CITY, ST, ZIP	USDA APHIS Class A, B or C License
PHONE / FAX	Federal USFWS Permit
EMAIL / WEBSITE	Other Licenses held (in-state/out-of-state)
LICENSE TYPE/No.	Local City/County Pet License

Health Certificates are only valid for 30 days or less, you need to coordinate date of entry with veterinarian appointment.

Attach proof from the pertinent County and City where animal(s) will reside that possession is allowed. Most County and City Ordinances do not allow private ownership of wild or exotic animals, contact local Animal Control or Regulatory Divisions.

	COUNTY	CITY
AGENCY NAME		
CONTACT PERSON		
TITLE		
ADDRESS		
CITY, ST, ZIP		
TELEPHONE		
EMAIL		

Applicant is required to find a New Mexico Accredited Veterinarian qualified to care for the exotic/wild animal

ACCREDITED VETERINARIAN INFORMATION		
BUSINESS NAME		
VETERINARIANS NAME		
ADDRESS		
CITY, ST, ZIP		
TELEPHONE		
EMAIL		

Destination and Purpose for Importation		
Containment and Con	finement Plan (Attach photographs, illustrations & supporting documents)	
For each confinement a	rea (cage/pen), supply the following information	
Size (length, width, height)		
Materials used		
Entrance (gate, door, lock)		
Roof Material		
Shelter/Shade Provided		
Water Source		

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Acknowledgment Form

By signing below, the applicant acknowledges and agrees to each of the following:

- Permit applications will first be reviewed by the New Mexico Department of Game and Fish (the department), Field Operations Division, Special Use Permits Program. This program is designed to assist the applicant through the process; there is no guarantee of approval. The Director of the department will make the final determination of approval or denial of such permit request.
- 2. Permit applications are not pre-approved based on non-existent facilities, cages, containment/confinement or any other requirements that are part of the application process. Applicants are responsible for all expenditures, investment in time, or other resources throughout the application process and are at their own risk and expense knowing that approval is not guaranteed.
- 3. To notify the department if any animal escapes or show signs of an infectious or contagious disease, that animal and any animals it may have come into contact with may be subject to quarantine. Animals considered infectious or contagious may be destroyed as deemed necessary by the department or authorized agents acting on behalf of the department and/or the State of New Mexico.
- 4. To notify the department of any changes from the original application for the animal(s) granted an importation permit (death, illness, vicious behavior, change of location, change of ownership, progeny born etc.).

Printed Name of Applicant

Address (physical address, city, st, zip)

Signature of Applicant

Date