



## BOARD OF PHARMACY

New Mexico Regulation and Licensing Department  
**BOARDS AND COMMISSIONS DIVISION**  
5500 San Antonio Dr. NE ▪ Suite C ▪ Albuquerque, New Mexico 87109  
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102  
<http://www.rld.state.nm.us/boards/pharmacy.aspx>

### LIMITED RETAIL AND WHOLESALE VETERINARY DRUG PERMIT

**FEE: \$300 for 2 year permit, payable by check or money order.**

I, the undersigned, hereby make application for a license as indicated above pursuant to the New Mexico Pharmacy Act and Drug and Cosmetic Act. I understand that license is due December 31 of each year, and that license is not transferable, and furthermore that a separate license is necessary for each location doing business. If application is not postmarked by December 31, add the late penalty of \$37.50 for renewals.

Check if any contact information has changed.

Name:	
Address:	City/State/Zip:
Phone:	Fax:
Website:	E-mail:

***Answer all questions carefully and accurately. Failure to do so will cause delay.***

1. How many employees are designated to sell dangerous veterinary drugs? (These are drugs bearing the manufacturers label - **CAUTION: Federal law restricts this drug to use by or on the order of a veterinarian, or a pharmacist only.**) List names of such employees (Attach additional form if necessary):


2. Attach a letter describing in detail the nature of your business in the state of New Mexico.

3. Attach a list or catalog of drugs you distribute.

4. Submit a copy of the policy and procedures manual for:

- a. Pharmacist duties
- b. Drug storage
- c. Record keeping for drug receipt, dispensing and disposition
- d. Drug labeling
- e. Employee training
- f. Controlled substances

Revision date: 08/2015



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Answer "yes" or "no" to the following questions.

Yes	No	Are these drugs stored separately from other non-prescription veterinary products?
Yes	No	Refrigerated where applicable?
Yes	No	Do you maintain a consecutively numbered prescription or order file?
Yes	No	Are procurement records and prescription files retained for three (3) years?
Does each veterinarian prescription or order form on file indicate the following information:		
Yes	No	a. Name and address of veterinarian
Yes	No	b. Name and strength of drug prescribed
Yes	No	c. Quantity of drug ordered by veterinarian
Yes	No	d. Direction for use and cautionary statements
Yes	No	e. Date of order or prescription
Yes	No	f. Name of owner of animal(s) and/or consignee
Yes	No	g. In the event the prescription or order is received by telephone, the name of the employee or individual taking the order from the prescribing veterinarian
Are all dangerous drugs veterinary drugs labeled by your designated employee on the container, or if distributed in case lots, in each case labeled with the following information:		
Yes	No	a. Name and address of retailer
Yes	No	b. Prescription order number
Yes	No	c. Date of filling order or prescription
Yes	No	d. Name of prescribing veterinarian
Yes	No	e. Name of owner and/or consignee of the animal(s)
Yes	No	f. Adequate direction for use and cautionary statement, if any, contained in the prescription
Yes	No	Are you as owner, partner, corporate officer, or manager, fully acquainted with New Mexico Pharmacy laws?
Yes	No	Do you have access to the New Mexico Board of Pharmacy web page? If so please bookmark the following web address as reference <a href="http://www.rld.state.nm.us/boards/Pharmacy_Rules_and_Laws.aspx">http://www.rld.state.nm.us/boards/Pharmacy_Rules_and_Laws.aspx</a>

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

Signature: \_\_\_\_\_

12. I/We have not, had any disciplinary actions, or have any pending actions against me/us, or to my knowledge been investigated by any professional licensing authority.\*

Signature: \_\_\_\_\_

**\*Explain any failure to sign the statements above. 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 – Owner or Officer : \_\_\_\_\_ Date: \_\_\_\_\_

Print or type name: \_\_\_\_\_

Consultant Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_

Print or type name: \_\_\_\_\_