

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



NEW MEXICO DEPARTMENT OF GAME & FISH  
LAW ENFORCEMENT DIVISION  
SPECIAL USE PERMITS PROGRAM  
P.O. BOX 25112  
SANTA FE, NM 87504  
505-476-8064 / Fax 505-476-8133

### Application Fee Structure:

Importation of non-domesticated animals per calendar year (1/1 to 12/31)  
Class 1: 1 to 5 animals.....\$25.00  
Class 2: 6 to 99 animals.....\$75.00  
Class 3: greater than 100 animals...\$300.00

### 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.

**NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**BUSINESS NAME:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_  
**ADDRESS:** (mailing) \_\_\_\_\_ (physical) \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**TELEPHONE NO:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Request 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

Supplier's Information		Health Certificate or License
Suppliers Name		One or more of the following is mandatory prior to 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
Telephone / 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.**

Some 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		

Have you found a New Mexico Accredited Veterinarian to care for your exotic/wild pet?

ACCREDITED VETERINARIAN INFORMATION	
Business Name	
Veterinarians Name	
Address	
City, ST, Zip	
Telephone	
Email	

**Destination and Purpose for Importation:**

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**Containment, Confinement and Emergency Plan** (Attach photographs, illustrations & supporting documents)

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For each confinement area (cage/pen), supply the following information	
Size (length, width, height)	
Materials used	
Entrance (gate, door, lock)	
Roof Material	
Shelter/Shade Provided	
Water Source	

By signing a signature below, **applicant agrees** to notify the New Mexico Department of Game and Fish (the department) of any changes from the original application for the animal granted an importation permit (death, illness, vicious behavior, change of location, change of ownership, progeny born etc.). **Applicant understands** that they must 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.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date