



# Animal Adoption Center

702 N. Grimes  
 Hobbs, NM 88240  
 575-397-9323

## ANIMAL LICENSE APPLICATION

1. You must live within the incorporated city limits of the City of Hobbs.
2. Vaccinations must cover the licensing period.
3. There are **no refunds** for unused time or if the animal is altered during licensing period.
4. Fees are nontransferable.
5. Must provide proof of rabies vaccination that is valid through December 31<sup>st</sup> of the year the license is issued or have Veterinarian complete the certificate of rabies below.
6. If the animal has been spayed or neutered, have the Veterinarian complete the Sterilization Certification.
7. New animals must be licensed within 30 days of moving into the incorporated city limits of the City of Hobbs.

**Please complete the following information, type or print clearly.**

**Return completed application, proof of vaccinations and/or sterilization along with your payment to the Hobbs Animal Adoption Center.**

### Owner Information Section

Owner Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_ DOB: \_\_\_\_\_

### Animal Information Section

Name of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Sex: M or F Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Microchip # \_\_\_\_\_ Rabies Tag #: \_\_\_\_\_ Expires: \_\_\_\_\_

### Emergency Contact Information Section

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Veterinarian Information Section

### For City Use Only

#### Certification of Sterilization

I certify that I am a licensed veterinarian and that this animal is sterilized.

\_\_\_\_\_  
 Doctor's Signature Date

#### Certification of Rabies Vaccination:

I hereby certify that I am a licensed Veterinarian and on this date the above described animal was vaccinated according with a New Mexico Approved vaccine.

\_\_\_\_\_  
 Doctor's Signature Date

Print Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone No: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Series No: \_\_\_\_\_ Lot No: \_\_\_\_\_

#### License Rate / Fee Information

	Altered	Unaltered	Late Fee
1 year license	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$10.00

Amount Paid: \$ \_\_\_\_\_

Check One:  Cash  Check No. \_\_\_\_\_

Date Paid: \_\_\_\_\_

Tag No: \_\_\_\_\_ Receipt No: \_\_\_\_\_