



San Miguel County Assessor
 500 West National Avenue, Suite 108
 Las Vegas, New Mexico 87701

Elaine Estrada
 San Miguel County Assessor

ANNUAL LIVESTOCK OWNER'S REPORT

All livestock located in San Miguel County on January 1 of the tax year shall be valued for property taxation purposes as of January 1. Please complete and return this form to the San Miguel County Assessor's Office by the last day of February (7-36-21 NMSA)

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TAX YEAR _____

OWNER # _____

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SCHOOL DISTRICT _____

OWNER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Has Livestock been sold? YES NO If yes, please provide the Assessor's Office with a copy of the bill of sale.

Type	Number of Livestock		Length Of time In county	Type	Number of Livestock		Length Of time In county
	Commercial	Registered			Commercial	Registered	
"C" CATTLE				"G" GOATS			
Bulls				ANGORA - BUCKS			
Cows				ANGORA - OTHERS			
Heifers (Replacement)				COMMON - BUCKS			
Heifer Calves				COMMON - OTHERS			
Steer Calves				MILK GOATS			
Steer Yearlings & Over				GOATS - OTHERS			
"D" DAIRY CATTLE				"H" HORSES			
BULLS				HORSES			
COWS				LLAMAS			
HEIFERS				"P" SWINE			
CALVES				BOARS			
CALF-OPERATION 0-340 LBS				BREEDING SOWS			
"S" SHEEP				HOGS OVER 1 YR			
RAMS				HOGS UNDER 1 YR			
EWES OVER 2 YRS				"B" BISON			
EWES 1 TO 2 YRS				COWS 3 +			
SHEEP UNDER 1 YR				HEIFERS 12 - 35 MONTHS			
WETHERS				BULL CALVES			
"R" RATTIES (ostriches or Emues)				BULL			
BREEDING FEMALES							
BREEDING MALES							
SLAUGHTER ANIMALS							

Do you own the above listed livestock being grazed on your land? YES NO

If "No" please indicate below owner and provide name and address(es) of private land owner(s).

BLM State Leased Land USFS Private

PRIVATE OWNER NAME _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF OWNER OF LIVESTOCK (OR AGENT) _____

DATE _____

▼ FOR OFFICIAL USE ONLY ▼

APPROVAL: YES NO DATE RECEIVED: _____

COMMENTS: _____

BY	DATE		
	MO	DAY	YR.
FILLED			
ENTERED			
VERIFIED			
CARD CHANGED			