



SANDOVAL COUNTY COURTHOUSE
P.O. BOX 40 • BERNALILLO, NEW MEXICO 87004
(505) 867-7562 • FAX (505) 867-7596

OFFICE OF THE SANDOVAL COUNTY ASSESSOR

Rudy Casaus
Sandoval County Assessor

ANNUAL LIVESTOCK OWNER'S REPORT

All livestock located in Sandoval 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 Sandoval County Assessor's Office by the last day of February. (7-36-21 NMSA)

TAX YEAR _____

OWNER # _____

SCHOOL DISTRICT _____

1. 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 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 Only 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" RATITES (Ostriches or Emues)				Bull			
Breeding Females							
Breeding Males							
Slaughter Animals							

Are the above-listed livestock being grazed on land owned by you? YES NO

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

BLM Stated Leased Land USFS Private

PRIVATE OWNER NAME _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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

X
SIGNATURE OF OWNER OF LIVESTOCK (OR AGENT) _____ DATE _____

FOR OFFICIAL USE ONLY

APPROVAL: YES _____ NO _____ Date Received: _____

Comments: _____

FILLED
ENTERED
VERIFIED
CARD CHANGED

BY	DATE		
	MO.	DAY	YR.