5. Signatures

This Agreement shall become effective upon the last date of execution by DOH or NMED.

EMPLOYER:

Employer San Juan Veterinary Hospital

By _____

Name Manuel Garcia

Title President

Date November 30, 2020

SURVEILLANCE TESTING AND CONTACT TRACING PLAN AGREEMENT

New Mexico Department of Health/New Mexico Environment Department

NEW MEXICO DEPARTMENT OF HEALTH

By Paula J. Hawley

Name Paula J Hawley

Title A/Deputy Secretary

Date 12/01/20

SURVEILLANCE TESTING AND CONTACT TRACING PLAN AGREEMENT

New Mexico Department of Health/New Mexico Environment Department

NEW MEXICO ENVIRONMENT DEPARTMENT

By_____

Name Sandra Ely

Title_____

Date_____

Digitally signed by Sandra Ely
Date: 2020.12.06 16:08:32 -07'00'