

SERIAL 10090 S VETERINARY SERVICES - SHERIFF'S OFFICE

DATE OF LAST REVISION: January 30, 2014

CONTRACT END DATE: January 31, 2017

CONTRACT PERIOD THROUGH JANUARY 31, ~~2014~~ 2017

TO: All Departments
FROM: **Office of Procurement Services**
SUBJECT: Contract for **VETERINARY SERVICES - SHERIFF'S OFFICE**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **January 12, 2011**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Chief Procurement Officer
Office of Procurement Services

AS/ua
Attach

Copy to: **Office of Procurement Services**
Sue Malinowsky, Sheriff's Office

(Please remove Serial 04135-S from your contract notebooks)

VETERINARY SERVICES - SHERIFF'S OFFICE

1.0 INTENT:

The intent of this solicitation is to provide routine and emergency veterinary services for canine, feline, equine and other animals assigned to or in the care of Maricopa County. Vendors are encouraged to submit bids on some or all parts of this solicitation. Maricopa County reserves the right to award this contract to multiple vendors. Geographical contracts may be made at the option of the County. The contract resultant of this solicitation is a requirements contract. No services shall be provided without a valid purchase order.

Other governmental entities under agreement with the County may have access to services provided hereunder (see also Sections 2.6 and 2.7, below).

The County reserves the right to add additional contractors, at the County's sole discretion, in cases where the currently listed contractors are of an insufficient number or skill-set to satisfy the County's needs.

2.0 SCOPE OF SERVICES:

2.1 TECHNICAL REQUIREMENTS:

- 2.1.1 Contractor shall be a current Arizona licensed Veterinarian or Veterinary Clinic and shall specialize in animal medical services, to include consultation, office visits, surgeries, and euthanasia. The contractor shall maintain the necessary license(s), for the duration of this contract.
- 2.1.2 Boarding and quarantine services may be required on an as needed basis.
- 2.1.3 Contractor shall be available to offer testimony in court for animal cruelty cases. The Contractor will bill MCSO no more than \$225.00/hour for their expert witness testimony.
- 2.1.4 Contractor who performs routine services should offer services between the hours from 7:00 A.M. to 6:00 P.M. (approximate). ***Standard office hours shall be submitted with the bid response.***
- 2.1.5 The majority of services for animals will be provided at the Contractor's office location. Occasionally, if a large number of animals require inoculations or other simple procedures that can easily be done off-site; the Contractor may be requested to provide services at a County facility. In the event a case involving a large number of animals that need evaluation at a suspects property, the veterinarian may be requested to respond to that property. Respondents are requested to offer "hourly rates" for this service.
- 2.1.6 "On Call" backup services (typically required by Maricopa County Animal Control Services) may be required for spay/neuter procedures and for general practice at a Maricopa County facility. Spay/Neutering procedures for up to 30 dogs/cats, per occasion may be required, with County staff assistance. Any general practice services will also be with County staff assistance. Respondents are requested to offer "hourly rates" for both services.
- 2.1.7 All transportation of animals from a Maricopa County facility to and from the Contractor's office/clinic shall be the responsibility of the appropriate county agency.
- 2.1.8 All procedures shall be authorized by the respective Maricopa County agency prior to services being administered. Authorization for all routine services will be in writing by a Maricopa County agency. Verbal authorization from a Maricopa County agency is acceptable in emergency situations.

- 2.1.9 Mileage will be paid at the authorized County rate (current rate when mileage reimbursement is authorized) when the Contractor is required to perform services at any location other than the Contractor's office/clinic.
- 2.1.10 Certain animals are evidence and/or victims in animal abuse cases. All medical records may become part of the criminal evidence presented in court.
- 2.1.11 Respondents shall submit the following information/documents to be considered for contract award:
- 2.1.11.1 Copy(ies) of Arizona Veterinary Medical Licensing Board License (attach copy(ies) to Attachment A) .
 - 2.1.11.2 Provide a listing of the general category of animal(s) the bidder is willing to provide services to/for (list on Attachment A)
 - 2.1.11.3 List the current hours of operation (hours of operation and days of week (list on Attachment A)
 - 2.1.11.4 Provide a price listing for typical services provided, for the general category(ies) of animal you elect to provide services to/for (attach this listing to Attachment A).

2.2 USAGE REPORT:

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

2.3 FACILITIES:

During the course of this Contract, the County shall provide the Contractor's personnel with adequate workspace for consultants and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

2.4 INVOICES AND PAYMENTS:

2.4.1 The Contractor shall submit two (2) legible copies of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:

- Company name, address and contact
- County bill-to name and contact information
- Contract Serial Number
- County purchase order number
- Invoice number and date
- Payment terms
- Date of service
- Contract Item number(s)
- Description of Purchase (product or services)
- Pricing per unit of purchase
- Extended price
- Arrival and completion time (if applicable)
- Total Amount Due

2.4.2 Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

2.4.3 **Payment shall be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Award the Contractor shall fill out an EFT Enrollment form located on the County Department of Finance Website as a fillable PDF document (www.maricopa.gov/finance/).**

2.4.4 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

2.5 TAX:

No tax shall be levied against labor. It is the responsibility of the Contractor to determine any and all taxes and include the same in proposal price.

2.6 STRATEGIC ALLIANCE for VOLUME EXPENDITURES (\$AVE):

The County is a member of the \$AVE cooperative purchasing group. \$AVE includes the State of Arizona, many Phoenix metropolitan area municipalities, and many K-12 unified school districts. Under the \$AVE Cooperative Purchasing Agreement, and with the concurrence of the successful Respondent under this solicitation, a member of \$AVE may access a contract resulting from a solicitation issued by the County. If you **do not** want to grant such access to a member of \$AVE, **please so state** in your proposal. In the absence of a statement to the contrary, the County will assume that you do wish to grant access to any contract that may result from this Request for Proposal.

2.7 INTERGOVERNMENTAL COOPERATIVE PURCHASING AGREEMENTS (ICPA's)

County currently holds ICPA's with numerous governmental entities throughout the State of Arizona. These agreements allow those entities, with the approval of the Contractor, to purchase their requirements under the terms and conditions of the County Contract. Please indicate on Attachment A, your acceptance or rejection regarding such participation of other governmental entities. Your response will not be considered as an evaluation factor in awarding a contract.

3.0 CONTRACTUAL TERMS & CONDITIONS:

3.1 CONTRACT TERM:

This Invitation for Bid is for awarding a firm, fixed price purchasing contract to cover a three (3) year term.

3.2 OPTION TO RENEW:

The County may, at their option and with the approval of the Contractor, renew the term of this Contract up to a maximum of three (3) additional years, (or at the County's sole discretion, extend the contract on a month to month basis for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the **Office of Procurement Services** of the County's intention to renew the contract term at least thirty (30) calendar days prior to the expiration of the original contract term.

3.3 PRICE ADJUSTMENTS:

Any requests for reasonable price adjustments must be submitted sixty (60) days prior to the Contract annual anniversary. Requests for adjustment in cost of labor and/or materials must be supported by appropriate documentation. If County agrees to the adjusted price terms, County

shall issue written approval of the change. The reasonableness of the request will be determined by comparing the request with the (Consumer Price Index) or by performing a market survey.

3.4 INDEMNIFICATION:

3.4.1 To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions, mistakes or malfeasance relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract by the Contractor, as well as any person or entity for whose acts, errors, omissions, mistakes or malfeasance Contractor may be legally liable.

3.4.2 The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

3.4.3 The scope of this indemnification does not extend to the sole negligence of County.

3.5 INSURANCE:

3.5.1 **Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.**

3.5.2 **Commercial General Liability:**

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than \$2,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$4,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

3.5.3 **Automobile Liability:**

Commercial/Business Automobile Liability insurance and, if necessary, Commercial Umbrella insurance with a combined single limit for bodily injury and property damage of not less than \$2,000,000 each occurrence with respect to any of the Contractor's owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work or services under this Contract.

3.5.4 **Workers' Compensation:**

3.5.4.1 **Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services under this Contract; and Employer's Liability insurance of not less than \$1,000,000 for each**

accident, \$1,000,000 disease for each employee, and \$1,000,000 disease policy limit.

3.5.5 **Errors and Omissions Insurance:**

Errors and Omissions insurance and, if necessary, Commercial Umbrella insurance, which will insure and provide coverage for errors or omissions of the Contractor, with limits of no less than \$1,000,000 for each claim.

3.5.6 **Certificates of Insurance.**

3.5.6.1 **Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon ten (10) business days. BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

3.5.7 **Cancellation and Expiration Notice.**

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.6 **PROCUREMENT CARD ORDERING CAPABILITY:**

County may determine to use a procurement card that may be used from time-to-time, to place and make payment for orders under this Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.7 **INTERNET ORDERING CAPABILITY:**

It is the intent of County to use the Internet to communicate and to place orders under this Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.8 **ORDERING AUTHORITY.**

3.8.1 Respondents should understand that any request for purchase of materials or services shall be accompanied by a valid purchase order, issued by the **Office of Procurement Services**, or by a Certified Agency Procurement Aid (CAPA).

3.8.2 Maricopa County departments, cities, other counties, schools and special districts, universities, nonprofit educational and public health institutions may also purchase from under this Contract at their discretion and/or other state and local agencies (Customers) may procure the products under this Contract by the issuance of a purchase order to the Respondent. Purchase orders must cite the Contract number.

3.8.3 Contract award is in accordance with the Maricopa County Procurement Code. All requirements for the competitive award of this Contract have been met. A purchase order for the products is the only document necessary for Customers to purchase and for the Respondent to proceed with delivery of materials available under this Contract.

3.8.4 Any attempt to represent any product not specifically awarded under this Contract is a violation of the Contract. Any such action is subject to the legal and contractual remedies

available to the County, inclusive of, but not limited to, Contract cancellation, suspension and/or debarment of the Respondent.

3.9 **REQUIREMENTS CONTRACT:**

3.9.1 Contractors signify their understanding and agreement by signing a bid submittal, that the Contract resulting from the bid will be a requirements contract. However, the Contract does not guarantee any minimum or maximum number of purchases will be made. It only indicates that if purchases are made for the materials contained in the Contract, they will be purchased from the Contractor awarded that item. Orders will only be placed when the County identifies a need and proper authorization and documentation have been approved.

3.9.2 County reserves the right to cancel Purchase Orders within a reasonable period of time after issuance. Should a Purchase Order be canceled, the County agrees to reimburse the Contractor but only for actual and documentable costs incurred by the Contractor due to and after issuance of the Purchase Order. The County will not reimburse the Contractor for any costs incurred after receipt of County notice of cancellation, or for lost profits, shipment of product prior to issuance of Purchase Order, etc.

3.9.3 Contractors agree to accept verbal notification of cancellation from the **Office of Procurement Services** Procurement Officer with written notification to follow. By submitting a bid in response to this Invitation for Bids, the Contractor specifically acknowledges to be bound by this cancellation policy.

3.10 **UNCONDITIONAL TERMINATION FOR CONVENIENCE:**

Maricopa County may terminate the resultant Contract for convenience by providing sixty (60) calendar days advance notice to the Contractor.

3.11 **TERMINATION FOR DEFAULT:**

If the Contractor fails to meet deadlines, or fails to provide the agreed upon service/material altogether, a termination for default will be issued. The termination for default will be issued only after the County deems that the Contractor has failed to remedy the problem after being forewarned.

3.12 **TERMINATION BY THE COUNTY:**

If the Contractor should be adjudged bankrupt or should make a general assignment for the benefit of its creditors, or if a receiver should be appointed on account of its insolvency, the County may terminate the Contract. If the Contractor should persistently or repeatedly refuse or should fail, except in cases for which extension of time is provided, to provide enough properly skilled workers or proper materials, or persistently disregard laws and ordinances, or not proceed with work or otherwise be guilty of a substantial violation of any provision of this Contract, then the County may terminate the Contract. Prior to termination of the Contract, the County shall give the Contractor fifteen- (15) calendar day's written notice. Upon receipt of such termination notice, the Contractor shall be allowed fifteen (15) calendar days to cure such deficiencies.

3.13 **STATUTORY RIGHT OF CANCELLATION FOR CONFLICT OF INTEREST:**

Notice is given that pursuant to A.R.S. § 38-511 the County may cancel any Contract without penalty or further obligation within three years after execution of the contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract. Additionally, pursuant to A.R.S § 38-511 the County may recoup any fee or commission paid or due to any person

significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County from any other party to the contract arising as the result of the Contract.

3.14 **OFFSET FOR DAMAGES;**

In addition to all other remedies at Law or Equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance of the contract.

3.15 **ADDITIONS/DELETIONS OF SERVICE:**

The County reserves the right to add and/or delete materials to a Contract. If a service requirement is deleted, payment to the Contractor will be reduced proportionately, to the amount of service reduced in accordance with the bid price. If additional materials are required from a Contract, prices for such additions will be negotiated between the Contractor and the County.

3.16 **SUBCONTRACTING:**

3.16.1 The Contractor may not assign a Contract or Subcontract to another party for performance of the terms and conditions hereof without the written consent of the County. All correspondence authorizing subcontracting must reference the Bid Serial Number and identify the job project.

3.16.2 The Subcontractor's rate for the job shall not exceed that of the Prime Contractor's rate, as bid in the pricing section, unless the Prime Contractor is willing to absorb any higher rates. The Subcontractor's invoice shall be invoiced directly to the Prime Contractor, who in turn shall pass-through the costs to the County, without mark-up. A copy of the Subcontractor's invoice must accompany the Prime Contractor's invoice.

3.17 **AMENDMENTS:**

All amendments to this Contract shall be in writing and approved/signed by both parties. Maricopa County **Office of Procurement Services** shall be responsible for approving all amendments for Maricopa County.

3.18 **ACCESS TO AND RETENTION OF RECORDS FOR THE PURPOSE OF AUDIT AND/OR OTHER REVIEW:**

In accordance with section MCI 367 of the Maricopa County Procurement Code the Contractor agrees to retain all books, records, accounts, statements, reports, files, and other records and back-up documentation relevant to this Contract for six (6) years after final payment or until after the resolution of any audit questions which could be more than six (6) years, whichever is latest. The County, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of, any and all said materials.

If the Contractor's books, records , accounts, statements, reports, files, and other records and back-up documentation relevant to this Contract are not sufficient to support and document that requested services were provided, the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

If at any time it is determined by the County that a cost for which payment has been made is a disallowed cost, the County shall notify the Contractor in writing of the disallowance. The course of action to address the disallowance shall be at sole discretion of the County, and may include either an adjustment to future claim submitted by the Contractor by the amount of the disallowance, or to require reimbursement forthwith of the disallowed amount by the Contractor by issuing a check payable to Maricopa County

3.19 **PUBLIC RECORDS:**

All Offers submitted and opened are public records and must be retained by the Records Manager at the Office of Procurement Services. Offers shall be open to public inspection after Contract award and execution, except for such Offers deemed to be confidential by the Office of Procurement Services. If an Offeror believes that information in its Offer should remain confidential, it shall indicate as confidential, the specific information and submit a statement with its offer detailing the reasons that the information should not be disclosed. Such reasons shall include the specific harm or prejudice which may arise. The Records Manager of the Office of Procurement Services shall determine whether the identified information is confidential pursuant to the Maricopa County Procurement Code.

3.20 **AUDIT DISALLOWANCES:**

If at any time it is determined by the County that a cost for which payment has been made is a disallowed cost, the County shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of the County either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor forthwith issuing a check payable to Maricopa County.

3.21 **VALIDITY:**

The invalidity, in whole or in part, of any provision of the Contract shall not void or affect the validity of any other provision of the Contract.

3.22 **RIGHTS IN DATA:**

The County shall have the use of data and reports resulting from a Contract without additional cost or other restriction except as may be established by law or applicable regulation. Each party shall supply to the other party, upon request, any available information that is relevant to a Contract and to the performance thereunder.

3.23 **RELATIONSHIPS:**

In the performance of the services described herein, the Contractor shall act solely as an independent contractor, and nothing herein or implied herein shall at any time be construed as to create the relationship of employer and employee, partnership, principal and agent, or joint venture between the County and the Contractor.

3.24 **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

3.24.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

3.24.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

3.24.1.2 have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3.24.1.3 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

3.24.1.4 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.

3.24.2 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contact.

3.24.3 The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

3.25 ALTERNATIVE DISPUTE RESOLUTION:

3.25.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:

3.25.1.1 Render a decision;

3.25.1.2 Notify the parties that the exhibits are available for retrieval; and

3.25.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).

3.25.2 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.

3.25.3 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.

3.26 VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §41-4401 AND FEDERAL IMMIGRATION LAWS AND REGULATIONS:

3.26.1 By entering into the Contract, the Contractor warrants compliance with the Immigration and Nationality Act (INA using e-verify) and all other federal immigration laws and regulations related to the immigration status of its employees and A.R.S. §23-214(A). The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the

Immigration Reform and Control Act of 1986, as amended from time to time, for all employees performing work under the Contract and verify employee compliance using the E-verify system and shall keep a record of the verification for the duration of the employee's employment or at least three years, whichever is longer. I-9 forms are available for download at USCIS.GOV.

- 3.26.2 The County retains the legal right to inspect contractor and subcontractor employee documents performing work under this Contract to verify compliance with paragraph 3.26.1 of this Section. Contractor and subcontractor shall be given reasonable notice of the County's intent to inspect and shall make the documents available at the time and date specified. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County will consider this a material breach of the contract and may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

~~3.27 VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §§35-391.06 AND 35-393.06 BUSINESS RELATIONS WITH SUDAN AND IRAN:~~

~~3.27.1 By entering into the Contract, the Contractor certifies it does not have scrutinized business operations in Sudan or Iran. The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract.~~

~~3.27.2 The County may request verification of compliance for any contractor or subcontractor performing work under the Contract. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.~~

3.28 CONTRACTOR LICENSE REQUIREMENT:

3.28.1 The Respondent shall procure all permits, insurance, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his/her business, and as necessary complete any required certification requirements, required by any and all governmental or non-governmental entities as mandated to maintain compliance with and in good standing for all permits and/or licenses. The Respondent shall keep fully informed of existing and future trade or industry requirements, Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same. Contractor shall immediately notify both **Office of Procurement Services** and the using agency of any and all changes concerning permits, insurance or licenses.

3.28.2 Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1525 to ascertain licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

3.29 INFLUENCE

As prescribed in MC1-1202 of the Maricopa County Procurement Code, any effort to influence an employee or agent to breach the Maricopa County Ethical Code of Conduct or any ethical conduct, may be grounds for Disbarment or Suspension under MC1-902. An attempt to influence includes, but is not limited to:

- 3.29.1 **A Person offering or providing a gratuity, gift, tip, present, donation, money, entertainment or educational passes or tickets, or any type valuable contribution or subsidy,**
- 3.29.2 **That is offered or given with the intent to influence a decision, obtain a contract, garner favorable treatment, or gain favorable consideration of any kind.**

If a Person attempts to influence any employee or agent of Maricopa County, the Chief Procurement Officer, or his designee, reserves the right to seek any remedy provided by the Maricopa County Procurement Code, any remedy in equity or in the law, or any remedy provided by this contract.

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT: YES

WILL ACCEPT PROCUREMENT CARD FOR PAYMENT: YES

WILL OFFER REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: NO
(Payment shall be made within 48 hours of utilizing the Purchasing Card)

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall attach a price listing in excel (NO PDF) for typical services, as stated in 2.1.11.
MANDATORY Price listing shall be clearly identified and attached to this document (Attachment A). Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.

1.2 List the general category(ies) of animals you are willing to provide services to/for. Define:

Small Animal Veterinary Medicine; Most aspects of routine and emergency small animal medicine

1.3 List standard hours/days of operation (office hours/days): Monday-Friday 7am-10pm
Saturday and Sunday 7am-10pm

1.4.1 Define boarding services offered and pricing schedule. Feline \$10/per night, Canine \$15.30/night

1.5 Are quarantine services available at your facility? **Yes**

1.5.1 Define quarantine services offered and pricing structure. \$45 Flat Fee for Quarantine
Boarding then \$15.30/night for
Canine and \$10/night for feline

1.8 Provide hourly rate for services described in 2.1.5 \$225 /hour/doctor

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

Alta Vista Veterinary Hospital Price List

This is comprehensive list containing prices and most services used by MASH during the last year. This list does not contain all the services we can provide as we have many resources available to meet your needs.

(Prices below reflect a discount)

In Hospital Profiles

Test	Cost
Heartworm, Tick Fever, Lyme's, Anaplasmosis Test	33.30
Feline Leukemia/FIV/Heartworm Test	43.20
Pre-Anesthetic Profile	40.50
<i>(Small chemistry panel)</i>	
Urinalysis	22.50
General Health Profile	79.20
<i>(Chemistry Panel and electrolytes)</i>	
Cystocentesis-Sterile Collection method to obtain urine	10.80
Pancreatitis Test	28.80
Parvo Test	43.20
Blood Collection	11.70
Cystocentesis with Ultrasound- Using ultrasound to screen for bladder stone while collecting urine	43.20
Heartworm Only Test	18.00

Vaccinations

Vaccine	Cost
Rabies Feline Purevax 1 year	18.00
Feline Leuk Vaccine	18.00
FVRCP	18.00
Rabies 3 year vaccine	18.00
DA2PPPL	22.50
Bordatella Vaccine 1 year	13.50
Leptospirosis Only	22.50

Hospitalization

	Cost
Normasol fluids	22.50
Intravenous Catheter	45.00
Hospitalization, Extended*	70.20
Hospitalization, Basic**	52.20

(Does not include injections or any diagnostic tests)

* Consists of a patient on i.v. fluids and getting injectable medications per 24 hour period

**Consists of a patient on i.v. fluids only per 24 hour period

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

SERVICES

Procedure	Cost
Xrays-One or Two views	135.90
Each Additional Xray	33.30
Surgical Intravenous Catheter	22.50
Brief Ultrasound	157.50
Ultrasound	346.50
Fine Needle Aspirate	18
Ear Mite Check	15.30
Euthanasia	40.50
Skin Scraping	21.60
Schirmear Tear Test	16.20
Eye Stain	18
Ocular Pressure	27
Subcutaneous Fluids less than 300mls	39.24
Subcutaneous Fluids 300 or more	50.4
Office Re-check Exam	24.30
Office Exam, no additional cost for emergency or walk-in	40.50
Ear Flush	31.50
Ear Cytology	21.60
Enema, Single	22.50
Enema, Multiple	45
General Anesthesia	166.50
Additional Anesthesia <i>(May be required in addition</i>	79.20
<i>General Anesthesia for extended procedures or multiple</i>	
<i>procedures done at one time)</i>	

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

Spay and Neuter

Procedure	Cost
Canine Neuter 81-90 lbs	95
Canine Neuter 71-80lbs	85
Canine Neuter 61-70lbs	75
Canine Neuter 51-60lbs.	70
Canine Neuter 41-50lbs	68
Canine Neuter 31-40lbs.	62
Canine Neuter 21-30lbs.	56
Canine Neuter 0-20lbs.	50
Dog Spay 81-90lbs	150
Dog Spay 71-80lbs	125
Dog Spay 61-70lbs	100
Dog Spay 51-60lbs.	85
Dog Spay 41-50lbs.	75
Dog Spay 31-40lbs.	70
Dog Spay 21-30lbs.	65
Dog Spay 0-20lbs.	60
In heat	45+spay cost
Pregnant	45+spay cost
Cryptorchid	45+neuter cost
Cat Spay	50
Cat Neuter	30
In heat	27+spay cost
Pregnant	27+spay cost
Cryptorchid	27+neuter cost

*(The above cost is for spay/neuter which includes the anesthesia and procedure)
 (Pre-anesthetic bloodwork, IV Surgical Catheter, and Fluids are only Mandatory
 on pets 7 years and older)*

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

LABORATORY TESTS

Frequently Used Tests

Test Name	Price
Desert Disease w/ T4 & Free T4-to the lab	148.50
Fructosamine Level	56.25
Cytology to Laboratory One Site	105.75
Cytology to the Laboratory Additional Site	40.5
Dermatophyte Culture	54
Cocci Screen/Titer (Valley Fever)	68.4
Histopathology	112.5
Histopathology Additional Site	36
Fecal with Giardia	25.2
Urinalysis with Culture	106.2
Urinalysis	37.8
Complete Blood Count with Path Review	71.1
Aerobic Culture/Sensitivity	86.85
Valley Fever/ Tick Fever	134.1

Other Tests Available

Test Name	Price
ACTH Stimulation	103.95
Activated Coagulation	30.6
Alkaline Phosphatase	24.75
Anaerobic Culture	82.8
Babesia Canis Titer	119.25
Bile Acid, Pre and Post	77.85
Bile Acid, Resting	49.95
Brucella Canis Screen	55.35
Calcium, Ionized	66.6
Canine Autoimmune Profile	129.15
Cat Scan Plus	120.15
Complete Blood Count	37.8
Coombs Test	74.25
Dexamethasone Suppression Test	121.95
Digoxin Level	72.9
Distemper Antigen Test	84.6
Distemper PCR	117.9
Ehrlichia Screen (Tick Fever Screen)	83.7
Ehrlichia Tick Borne Panel	131.85
Feline Autoimmune Profile	120.15
Feline Corona (FIP) Virus	63.67
Feline Hyperthyroid Panel	123.75
Feline Leukemia Elisa	28.8
Feline Total Health Check	146.25
Feline Viral Panel	81.9
FIP Specific Elisa	83.25
Free T4 (RIA)	45.9
Free T4, (ED)	80.775
Hemoplasma PCR Panel	71.1

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013**LABORATORY TESTS CONTINUED**

Test Name	Price
Leptospirosis	98.55
Lymes IgG to Antech	51.3
Necropsy-major	450
Necropsy-minor	143.55
Phenobarbital Level	67.5
Post T4	54.45
Potassium Bromide Level	103.95
Protein Electrophores	99
Resting Cortisol	70.65
Senior Wellness Profile	157.5
Serum PLI to GI Lab	111.6
Serum TLI to GI Lab	111.6
Spectrum Allergy Test	216
SuperchemiCBC	86.85
Thyroid Profile 1	63
Thyroid Profile 2	84.15
Thyroid Profile 3	122.4
Thyroid Profile 4	108.45
Total T4	54.45
Toxoplasmosis Titer	81
Urolith Analysis	113.85

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

ORAL PRESCRIPTIONS

Prescription Name	Cost	Quantity
Acarexx Otic Suspension	16.56	Packet of 2
Acepromazine 10mg Tablets	32.27	30 tablets
Acepromazine 25mg Tablets	28.8	30 tablets
Aluminum Hydroxide Suspension	17.42	30 mls
Aminophylline 100mg Tablets	20.12	30 tablets
Amitriptyline Tabs 10 Mg	14.85	30 tablets
Amoxi-Tabs 100mg	12.69	30 tablets
Amoxi-Tabs 150mg	17.82	30 tablets
Amoxi-Tabs 200mg	30.65	30 tablets
Amoxicillin 250mg Capsules	9.45	30 tablets
Amoxicillin 500mg Capsules	10.26	30 tablets
Animax Ointment 15mls	13.28	1 tube
Artificial Tears Opth Ointment	7.20	1 bottle
Atopica 100mg Packet #15	90.90	1 package
Atopica 10mg (15 capsule/Pack)	32.29	1 package
Atopica 25mg Packet #15	36.52	1 package
Atopica 50mg (15 capsule/pack)	60.88	1 package
Atropine Opth. Solution	11.52	1 Bottle
Azathioprine (Imuran) 50mg	24.17	30 tablets
Azithromycin Oral Suspension 100mg/5ml	37.31	1 bottle
Baytril 136mg Taste Tabs	58.01	10 tablets
Baytril 22.7mg Taste Tabs	23.99	10 tablets
Baytril 68mg Taste Tabs	39.47	10 tablets
Baytril Otic 15mls	22.37	1 bottle
Bene Bac Gel 15gm	9.60	1 tube
Betagen Topical Spray 60 ml	11.05	1 bottle
Biomox Susp 50mg/ml--15ml Bottle	10.80	1 bottle
BNP Ophthalmic Ointment	10.60	1 tube
BNP w/Dex. Opth. Ointment	19.06	1 tube
BNP w/Hydrocortisone Opth. Oint.	11.65	1 tube
Cefa-Drops 15mls	26.73	1 bottle
Cefa-Drops 50mls	47.02	1 bottle
Cephalexin 250mg Capsules	27	30 tablets
Cephalexin 500mg	12.15	30 tablets
Cerenia 16mg (4 tablets)	10.80	1 package
Cerenia 60mg (4 tablets)	14.40	1 package
Cerenia Tablets 160mg (4 Tablets)	28.80	1 package
Cerenia Tablets 24mg (4 tablets)	9.90	1 package
Chlorpheniramine 12mg Tablets	21.47	30 tablets
Clavamox 125mg Tablet	30.68	14 tablets
Clavamox 250mg Tablets	39.75	14 tablets
Clavamox 375mg Tablet	49.95	14 tablets
Clavamox 62.5mg Tablets	23.88	14 tablets
Clavamox Drops 62.5mg/ml	18.81	1 bottle
Clindamycin 75mg	45.50	30 tablets
Clindamycin Drops 25mg/mls	11.70	1 bottle
Clomipramine HCL 25mg Capsules	24.17	30 tablets

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013**ORAL PRESCRIPTIONS CONTINUED**

Prescription Name	Cost	Quantity
Clomipramine HCL 50mg Tablets	31.73	30 tablets
Clomipramine HCL 75mg Tablets	30.92	30 tablets
Consil (1 application)	22.50	1 application
Cyproheptadine 4mg Tablets	31.73	30 tablets
Dasuquin for Cats #84	28.71	1 bottle
Dasuquin Large Dog #84	80.92	1 bottle
Dasuquin Sm/Med Dogs #84	46.71	1 bottle
Denamarin Medium 225mg	43.11	1 package
Denamarin Tablets 425mg	71.91	1 package
Denosyl SD4 225mg Tablets	40.50	1 package
Denosyl SD4 425 MG #30	66.58	1 package
Deramaxx 100mg Tablets	50.48	14 tablets
Dermacool HC Spray 4oz	22.75	1 bottle
Dexamethasone 0.5mg Tablets	27.74	30 tablets
Doxycycline 100mg Tablets	6.444	30 tablets
Enalapril 10mg Tablets	11.07	30 tablets
Enalapril 2.5mg Tablets	9.45	30 tablets
Enalapril 5mg Tablets	9.45	30 tablets
Erythromycin 0.5% Ointment	30.96	1 Tube
Famotidine 10mg Tablets	12.42	30 tablets
Famotidine 20mg Tablets	34.29	30 tablets
Fluconazole Tablets 100mg	26.60	30 tablets
Fluconazole tablets 200mg	33.35	30 tablets
Furosemide 12.5mg Tablets	20.39	30 tablets
Furosemide 50mg Tablets	22.28	30 tablets
Gentamicin Opth Solution 3%	10.80	1 bottle
Hydroxyzine 10mg	31.46	30 tablets
Hydroxyzine 25mg capsules	20.39	30 tablets
Hydroxyzine 50mg	20.12	30 tablets
Ketoconazole Tablets 200mg	29.03	30 tablets
Lactulose Syrup	12.15	30 mis
Levothyroxine 0.1mg Tablets	4.86	30 tablets
Levothyroxine 0.2mg Tablets	5.40	30 tablets
Levothyroxine 0.3mg Tablets	5.67	30 tablets
Levothyroxine 0.4mg Tablets	6.21	30 tablets
Levothyroxine 0.5mg Tablets	7.02	30 tablets
Levothyroxine 0.6mg Tablets	6.48	30 tablets
Levothyroxine 0.7mg Tablets	7.02	30 tablets
Levothyroxine 0.8mg Tablets	6.75	30 tablets
Lickguard Ointment .75oz	10.26	1 Tube
Meloxicam 7.5mg Tablets	6.75	30 tablets
Metacam 0.5mg/ml 15ml bottle	25.36	1 bottle
Metacam 1.5mg/ml 180mls	152.99	1 bottle
Metacam 100mls 1.5mg/ml	104.45	1 bottle
Metacam 10mls 1.5mg/ml	23.20	1 bottle
Metacam 32mls 1.5mg/ml	45.50	1 bottle
Methimazole 5mg tablets	22.28	30 tablets
Methocarbamol 500mg Tablets	21.74	30 tablets
Metoclopramide 10mg Tablets	12.15	30 tablets
Metoclopramide Syrup	12.15	30 mis
Metronidazole 250mg Tablets	8.64	30 tablets
Metronidazole 500mg Tablets	12.96	30 tablets

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013**ORAL PRESCRIPTIONS CONTINUED**

Prescription Name	Cost	Quantity
Miconazole Cream	11.25	1 Tube
Miconosol Lotion 1% 60mls	11.61	1 Tube
Mometamax 15g	24.73	1 Tube
Novox Caplets 100mg	29.80	30 tablets
Novox Caplets 25mg	25.11	30 tablets
Novox Caplets 75mg	27.28	30 tablets
Optimune Ophthalmic Ointment	35.96	1 Tube
Panakare Plus 12oz Powder	150.41	1 bottle
Panalog Cream 7.5gr Tube	12.04	1 Tube
Panalog Ointment 15ml	16.51	1 Tube
Pilocarpine 2% Opth. Sol.	7.79	1 bottle
Potassium Citrate Granules	27.76	1 bottle
Pramoderm Spray 8oz Bottle	11.25	1 bottle
Prednisolone 5mg	6.75	30 tablets
Prednisolone Opth 1% Solution	10.80	1 bottle
Prednisone 10mg	5.40	30 tablets
Prednisone 20mg Tablets	8.10	30 tablets
Prednisone 5mg Tablets	5.67	30 tablets
Previcox 227mg Tablets 60ct Bottle	172.22	1 bottle
Proin 25mg Chews 60count	14.40	1 bottle
Proin 50's Chewable 60tabs	18	1 bottle
Proin 50mg Chewables 180count	48.33	1 bottle
Proin 75mg Chewable 60tabs	23.90	1 bottle
Pyoben Gel 1oz.	12.32	1 bottle
Rimadyl 100mg Caplets	36.48	14 tablets
Rimadyl 100mg Chewable	37.11	14 tablets
Rimadyl 25mg Caplets	30.18	14 tablets
Rimadyl 25mg Chewable	29.93	14 tablets
Rimadyl 75mg Caplets	33.33	14 tablets
Rimadyl 75mg Chewable	33.20	14 tablets
Selegiline Capsules 5mg	56.57	30 tablets
Silverdine Cream 85gr	13.99	1 Tube
Simplicef Tab 200mg	60.04	14 tablets
Simplicef Tabs 100mg	38.74	14 tablets
Slentrol 50ml	72	1 bottle
Sucralfate 1gr	29.56	30 tablets
Synotic Otic Solution 5mls	16.92	1 bottle
Temaril-P Tablets	30.74	30 tablets
Theophylline 100mg ER Tablets	24.17	30 tablets
Tramadol 50mg	21.9	30 tablets
Tobramycin 0.3% 5ml	17.37	1 bottle
Tresaderm 7.5mls	18.41	1 bottle
Tri-Otic 15gm (Otomax)	15.30	1 Tube
Trizedta Aqueous Flush 4oz	12.20	1 bottle
Tropicamide 1% Oph Solution	15.01	1 bottle
Tumil K Powder 4oz	31.77	1 bottle
Tylosin Powder	84.85	1 bottle
Ulticare U-100 Insulin Syringe 1cc	26.93	1 package
Vetmedin Chew Tab 1.25mg 50ct	31.68	1 bottle
Vetmedin Chews Tabs 5mg 50ct	62.55	1 package
Vetoryl (Trilostane) 30mg 30ct	67.50	1 bottle

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013**ORAL PRESCRIPTIONS CONTINUED**

Prescription Name	Cost	Quantity
Vetoryl (Trilostane) 60mg 30ct	87.75	1 bottle
Vetsulin 2.5ml Bottle	11.29	1 bottle
Vibramycin 25mg Susp - Doxy	50.26	1 bottle
Virbantel 114mg	34.93	2 tablets
Virbantel 30mg	22.18	2 tablets
Vitamin K 25mg Capsules	25.78	30 tablets
Vitamin K 50mg Capsules	34.42	30 tablets

PARASITE CONTROL

Product		Cost
Feline Revolution 3mos.	Box	37.8
Frontline Plus 0-22lbs. (3 Months)	Box	35.99
Frontline Plus 0-22lbs. (6 Months)	Box	66.59
Frontline Plus 23-44lbs. (6 Months)	Box	69.29
Frontline Plus 23-44lbs. (3 Months)	Box	36.89
Frontline Plus 45-88lbs. (6 Months)	Box	73.79
Frontline Plus 45-88lbs. (3 Months)	Box	40.49
Frontline Plus 89-132lbs. (3 Months)	Box	42.29
Frontline Plus 89-132lbs. (6 Months)	Box	75.59
Frontline Plus for Cats (3 Months)	Box	31.49
Frontline Plus for Cats (6 Months)	Box	66.59
Frontline Spray 250ml	Bottle	32.04
Frontline Spray 500ml	Bottle	54.18
Heartgard Plus (Blue) 12 months	Box	43.19
Heartgard Plus (Blue) 6 months	Box	28.79
Heartgard Plus (Brown) 12 months	Box	68.30
Heartgard Plus (Brown) 6 months	Box	35.99
Heartgard Plus (Green) 12 months	Box	57.59
Heartgard Plus (Green) 6 months	Box	35.99
Promeris 22-55lbs 3 month	Box	42.33
Promeris 55-88lbs 3 month	Box	44.49
Promeris 88-110lbs 3 month	Box	45.18
Promeris Dog Medium (22-55lbs) 6 doses	Box	81.61
Promeris Dog x-small 3 months	Box	41.33
Promeris Small Dog 3 month	Box	41.33
Revolution 3 month 40.1-85lbs.	Box	46.26
Revolution 3 month K-9 10.1-20lbs.	Box	43.02
Revolution 3 month K-9 20.1-40lbs	Box	45.9
Revolution 3 month K-9 5.1-10lbs.	Box	44.15
Revolution 3 month K-9 85.1-130lbs.	Box	57.87
Revolution 3 month Mauve Pup/Kitten	Box	38.56
Revolution 6 month 40.1-85lbs.	Box	89.1
Revolution 6 month 5.1-10lbs.	Box	78.71
Revolution 6 month 85-135lbs	Box	118.51
Revolution 6 month K- 10.1-20lbs.	Box	80.33
Revolution 6 month K-9 20.1-40lbs.	Box	85.48
Revolution Cats 6 month	Box	68.76
Revolution for Cats Individual Dose	Each	18

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

INJECTABLE MEDICATION

INJECTION NAME	QUANTITY	PRICE
Acepromazine Injectable 10mg/ml	per 1ml	31.05
Adequan Injectable	per 1ml	38.25
Amikacin Sulfate 250mg/ml	per 1ml	31.5
Ampicil/Subl 150mg/ml	per 1ml	19.31
Anzemet 20mg/ml	per 1ml	40.04
Atropine Injectable 1/120gr	per 1ml	23.31
Baytril 100 Injectable	per 1ml	23.53
Baytril Injectable 22.7mg/ml	per 1ml	24.75
Calcium Gluconate 10%	per 1ml	18.64
Calphosan	per 1ml	21.15
Cefazolin Injectable 100mg/ml	per 1ml	20.68
Cerenia Injectable 10mg/ml	per 1ml	24.48
Clindamycin Injec 150mg/ml	per 1ml	19.95
Convenia Injectable 80mg/ml	per 1ml	56.46
Cortrosyn 25mg Injection	per 1ml	135
Depo-Medrol 20mg/ml	per 1ml	26.62
Dexamethasone Injectable 2mg/ml	per 1ml	18.14
Dexamethasone SP 4 mg/ml	per 1ml	18.26
Diphenhydramine 50mg/ml Injectable	per 1ml	21.22
Doxapram	per 1ml	21.34
Dual-Cillin Injectable	per 1ml	25.34
Epinephrine 1:1000	per 1ml	18.32
Famotidine 10mg/ml Injectable	per 1ml	19.84
Furosemide 5% Injectable	per 1ml	18.36
Glycopyrrolate 20ml	per 1ml	18.9
Heparin Injectable 1000u/ml	per 1ml	25.24
Hetastarch for Injection	per 1ml	18.25
Imizol Injection	per 1ml	25.77
Immiticide 50mg	per 1ml	104.05
Iron Dextran 100mg Inject	per 1ml	22.5
Ivermectin 1% inj.	per 1ml	22.37
Ketoprofen 100mg/ml	per 1ml	27.17
Lidocaine 2% Injectable	per 1ml	20.7
Mannitol 20% Injectable	per 1ml	18.18
Marcaine .5%	per 1ml	31.5
Metacam Injectable 5mg/ml	per 1ml	30.24
Metoclopramide 5mg/ml Injectable	per 1ml	19.43
Naloxone Injectable 0.4mg/ml	per 1ml	20.43
Oxytocin Injectable	per 1ml	18.66
Percorten-V 25mg/ml Injectable	per 1ml	52.18
Poly-Flex	per 1ml	18.36
Potassium Chloride 20meq	per 1ml	19.44
Rimadyl Injectable	per 1ml	24.7
Sodium Ampicillin 250mg/ml Inj.	per 1ml	20.74
Solu-Medrol 125mg Injectable	per 1ml	25.27
Vetalog 2mg/ml Injectable	per 1ml	19.97
Vetsulin Insulin 10mls	per 1ml	37.53
Vincristine Inj	per 1ml	60.83
Vitamin B Complex Injectable	per 1ml	18.1
Vitamin B12 1000mcg Bottle	per 1ml	28.8

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

SURGERY

Procedure	Cost
Deciduous tooth Extraction	25/ tooth
Leg Amputation Surgery	300-700
Anal Gland Removal	300-500
Cruciate Repair	500-800
C-Section Surgery	200-600
Cherry Eye Repair, 1	150-200
Cryptorchid	50-250
Cystotomy	500-800
Ear Hematoma Surgery	200-350
Exploratory Surgery	400-800
FHO Surgery	500-800
Fracture Repair	500-800
GDV Surgery	500-800
Growth Removal	75-300
Hernia Repair	50-250
Luxating Patella Surgery	500-800
P.U. Surgery	600-800
Punch Biopsy	25-75
Pyometra	250-400
Scrotal Ablation	200-250
Single Eye Enucleation	150-250
Splenectomy	600-800
Surgical Biopsy	50-100
Tail Amputation Surgery	200-400
Wound Repair	75-400

Costs can only be given in a range as each case is different and can only be determined after evaluating the patient.

We also have many resources and are able to do other surgeries that may not be mentioned above.

The above surgical procedures may require some or all of the additional services below:

General Anesthesia

Prescription Medication

Hospitalization

Intravenous Catheter and Fluids

Injectable Medications

Supplies

Blood work

ALTA VISTA VETERINARY HOSPITAL, 4730 N. 7TH AVENUE, PHOENIX, AZ 85013

PRICING SHEET: NIGP CODE 96186

Terms: Net 30

Vendor Number: W000011619 X

Telephone Number: 602/277-1464

Fax Number: 602/241-1548

Contact Person: Angie Blades

E-mail Address: angie@altavistavet.com

Certificates of Insurance Required

Contract Period: To cover the period ending **January 31, 2014 2017.**

ARIZONA HUMANE SOCIETY, 1521 W. DOBBINS ROAD, PHOENIX, AZ 85041

~~WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT?~~ NO

~~WILL ACCEPT PROCUREMENT CARD FOR PAYMENT?~~ NO

~~WILL OFFER REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD?
(Payment shall be made within 48 hours of utilizing the Purchasing Card)~~ NO

~~FUEL COMPRISES <5 % OF TOTAL BID AMOUNT.~~

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall attach a price listing in excel (NO PDF) for typical services, as stated in 2.1.11. MANDATORY Price listing shall be clearly identified and attached to this document (Attachment A). Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.

1.2 List the general category(ies) of animals you are willing to provide services to/for. Define:
dogs, cats, chickens, companion animals

1.3 List standard hours/days of operation (office hours/days): Monday Sunday, 8am 6pm

1.4 Are boarding services available at your facility? Yes or No NO (Hospital location only)

1.6 Provide hourly rate (OPTIONAL) for spay/neutering procedures (cats & dogs) at a County facility, with County staff assistance. 75/hour

1.7 Provide hourly rate (OPTIONAL) for general practice at a County facility, with County staff assistance. \$75/hour

1.8 Provide hourly rate for services described in 2.1.5 75-150/hour

ARIZONA HUMANE SOCIETY, 1521 W. DOBBINS ROAD, PHOENIX, AZ 85041

Animal Cruelty Vet Service Charge Sheet (MCSO)

Name: _____ Date: _____ Patient: _____

Office Charges

- Office Call- 40.00
- Emergency- 100.00

Medical Treatment Charges

- Abscess Tx / Simple - 40.00
- Abscess Tx / Extensive - 80.00
- Bandage -40.00
- Clip / Clean - 30.00 - 60.00
- Ear Cleaning / Simple - 20.00
- Ear Cleaning / Deep - 30.00
- Robert Jones / Splint - 80.00
- Toe nail trim - 10.00
- Urinary Catheter - 60.00
- Anal gland expression - 20.00

Fluid Therapy Charges

- IV Catheter - 40.00
- SQ Fluids - 60.00
- IV Fluids / Initial - 60.00
- IV Fluids / Additional - 40.00
- Qty. - _____
- Infusion Pump -20.00/day
- Qty. - _____

Injection Charge

- Injection / Any -20.00 -40.00
- Qty. - _____

Bath Charges

- Bath -25.00

Laboratory Charges

- Fecal -30.00
- Urinalysis -40.00
- Skin Scrape -25.00
- DTM - 30.00
- CBC / In-house -40.00
- Chemistry Basic/In-house -50.00
- Ear Cytology - 22.00
- Blood Draw Fee - 8.00
- Coccidi/Ehrlichia Pro. #929-120.00
- Health Check Plus- #46- \$90.00
- Senior Screen #665- \$95.00
- Biopsy w/o Descript #608- \$40.00
- Laboratory Panel - _____
- FeLV/FIV SNAP-\$35.00
- Parvo SNAP-\$35.00

Radiology Charges

- Radiograph each view - 50.00
- Qty. - _____
- Barium Series - 150.00
- Ultrasound - Fee-135.00- 200.00

Hospitalization Charges

- Hospitalization / per day - 35.00
- Qty. - _____
- Intensive Care / per day - 55.00
- Qty. - _____

Dental Charges

- General Cleaning - 65.00
- Extraction / Easy - 18.00
- Qty. - _____

Date: _____

- Extraction / Difficult - 35.00
- Qty. - _____

Anesthesia /Monitoring Charges

- Pre Anesthesia - 25.00
- Anesthesia IM/IV - 25.00
- Anesthesia Inhalation /hour - 45.00
- Qty. - _____
- Pulse Ox - 10.00

Surgery Charges

- Amputation 250.00 - 425.00
- Aural Hematoma - 200.00
- Canine Neuter - per weight
- 2-30 lbs - 60.00
- 31-55 lbs - 71.00
- 56-75 lbs - 81.00
- 76-95 lbs -91.00
- Canine Spay - per weight
- 2-30 lbs - 72.00
- 31-55 lbs - 82.00
- 56-75 lbs - 92.00
- 76-95 lbs - 102.00
- Cherry eye repair (1) - 200.00
- Cystotomy Minor - 400.00
- Cystotomy Major - 400.00

- Eye Enucleation - 150.00
- Feline Neuter - 48.00
- Feline Spay - 57.00
- Femoral Head Osteotomy 400.00
- Fracture Repair Minor - 300.00
- Fracture Repair Mod - 500.00
- Fracture Repair Major - 600.00
- Mass Removal Simple - 100.00
- Mass Removal Moderate-150.00
- Mass Removal Complex -150.00
- Knee Surgery Minor - 350.00
- Knee Surgery Major - 450.00
- Laceration repair minor - 85.00
- Laceration repair major 150.00 - 350.00
- Qty. - _____
- Pyometra - 400.00
- Intestinal Surgery Mod - 325.00
- Intestinal Surgery Major - 600.00
- Other Surgery - _____
- Other Surgery - _____
- Other Surgery - _____

Special Diet Charges

- A/D can - 2.25
- Qty. - _____
- I/D can - 2.25
- Qty. - _____
- Science Diet Adult Canine - 2.25
- Qty. - _____

Prescription Fee

(Minimum Rx fee \$10.00)

Patient: _____

- RX Total- _____
- \$10.00-60.00

E Collar- 13.00

Vaccination Charges

- DA2PPV - \$18.00
- Bord - \$18.00
- FVRCP - \$18.00
- Rabies - \$18.00

Forensic Charges

- Outside Forensic test
- Type of test and fee _____
- Necropsy and additional testing
- Euthanasia / Disposal - 60.00
- Disposal only - 25.00

Testimony / Consulting

- Veterinarian Testimony 75.00- 150.00/hr
- Qty. - _____
- Technician/EAMT Testimony 50.00/hr
- Qty. - _____

Review
Billing by staff
50/hr

EXPIRED EFF. FEBRUARY 01, 2014

Animal Rescue Service Charges

- Emergency Transportation - \$100.00
- Untangle or extract an animal- \$100.00
- Feed and water - \$50.00
- Qty. _____ per day

Total: \$ _____

ARIZONA HUMANE SOCIETY, 1521 W. DOBBINS ROAD, PHOENIX, AZ 85041

PRICING SHEET: NIGP CODE 96186

Terms: _____ Net 15

Vendor Number: _____ W000016230 X

Telephone Number: _____ 602/997 7586

Fax Number: _____ 602/268 2750

Contact Person: _____ Nancy Bradley

E-mail Address: _____ nbradley@azhumane.org

Certificates of Insurance _____ Required

Contract Period: _____ To cover the period ending January 31, 2014.

EXPIRED EFF. FEBRUARY 01, 2014

BETHANY ANIMAL HOSPITAL, 2524 W. BETHANY HOME ROAD, PHOENIX, AZ 85017

WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT: YES

WILL ACCEPT PROCUREMENT CARD FOR PAYMENT: NO

WILL OFFER REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: NO
 (Payment shall be made within 48 hours of utilizing the Purchasing Card)

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall attach a price listing in excel (NO PDF) for typical services, as stated in 2.1.11. MANDATORY Price listing shall be clearly identified and attached to this document (Attachment A). Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.

1.2 List the general category(ies) of animals you are willing to provide services to/for. Define: Small companion animals- dogs and cats

1.3 List standard hours/days of operation (office hours/days): Monday - Friday 7:30 am to 7:30 pm
Boarding and grooming also available
Saturdays 9am -4pm

1.4 Are boarding services available at your facility? Yes or No Yes

1.4.1 Define boarding services offered and pricing schedule. Canine boarding- kennels and indoor runs.
Feline boarding- kennels.
All boarders must be handle-able. Vaccinations and frontline required.
In previous years we have provided boarding at no charge to the county when patients did not require hospitalization but did require a level of wound management, pain management, or exercise restriction not readily available at the MASH unit. We also provided no-charge boarding when MASH personnel were having transportation or scheduling conflicts.
Cats: \$13.50 Dogs: 0-22# \$18.00 23-44# \$19.00 45-88# \$20.00 89# + \$25.00

1.5 Are quarantine services available at your facility? Yes or No Yes

1.5.1 Define quarantine services offered and pricing structure. Rabies quarantine is available for both dogs and cats provided that the animals can be handled safely. Squeeze kennels are not available. The fee for quarantine is \$40.00 per day

1.8 Provide hourly rate for services described in 2.1.5 \$75.00 /hour veterinarian only
\$100.00 /hour veterinarian + technician
\$115.00 /hour veterinarian + technician + recep
We have vaccinated many animals at the MASH facility in the past 6 years. We have also done evaluations on site when large numbers of animals have been seized. The state board has significant record keeping requirements we must satisfy. Safety concerns dictate a need for trained personnel to provide restraint for patients that are frequently stressed and often difficult to handle. It has been our experience that the safest, most efficient and cost effective way to handle these circumstances is to provide a minimum amount of staff to assist the veterinarian. In past years, except for a "housecall" fee, we have charged the county only for the procedures performed rather than adding an hourly rate.

BETHANY ANIMAL HOSPITAL, 2524 W. BETHANY HOME ROAD, PHOENIX, AZ 85017

1.9 Additional Pricing:

Catalog Description Manufacturer	Catalog Date	Price Columns to be Used	Discount (% off)	Price firm through date
Physical examination/consult		\$ 35.00 - \$48.00	<u>included</u>	
Vaccinations avg.		\$ 16.00 each		
Fecal (internal parasite exam)		\$ 30.00		
Fecal (internal parasite exam)	w/ giardia test	\$ 41.00		
Radiographs- 2 views		\$140.00		

STERILIZATION SURGERY: Includes pre-surgical exam, anesthesia, materials, perioperative pain management, hospitalization, and surgical procedure , any surgery related medical progress or recheck exams, and suture removal if needed. Patients over 2 years of age and those in heat, pregnant, or with other medical problems may incur other charges.

Feline neuter: all over 2 lbs body weight		\$36.50-\$45.00		
Feline OVH: all over 2 lbs body weight		\$58.00- \$65.00		
Canine Neuter:	<20#	\$67.00		
	21-40	\$76.00 - \$85.00		
	41-60	\$93.00 - \$96.00		
	61-80	\$100.00 - \$125.00		
	81+	\$130.00 ++		
Canine OVH	<20#	\$80.00		
	21-40	\$85.00 - \$95.00		
	41-60	\$100.00 - \$150.00		
	61-80	\$155.00 - \$170.00		
	81+	\$190.00 ++		
Canine Heartworm test		\$40.00		
Felv-FIV combo test		\$45.00		
Comprehensive canine profile		\$185.00		
Comprehensive feline profile		\$165.00		
Minimum RX fee -		\$18.00		
Compounded medications:		Pharmacy generated fees only. We have never charged a prescription fee or markup on meds ordered for MASH.		

PRICING SHEET: NIGP CODE 96186

Terms:	2% 10 Days Net 30
Vendor Number:	W0000001690 X
Telephone Number:	602/242-1657
Fax Number:	602/242-5573
Contact Person:	Katharine Andre
E-mail Address:	kandredvm@aol.com
Certificates of Insurance	Required
Contract Period:	To cover the period ending January 31, 2014 2017.

PALM GLEN ANIMAL HOSPITAL, 7771 N. 43RD AVENUE, PHOENIX, AZ 85051

WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT: YES

WILL ACCEPT PROCUREMENT CARD FOR PAYMENT: NO

WILL OFFER REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD: NO
 (Payment shall be made within 48 hours of utilizing the Purchasing Card)

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall attach a price listing in excel (NO PDF) for typical services, as stated in 2.1.11. MANDATORY Price listing shall be clearly identified and attached to this document (Attachment A). Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.

1.2 List the general category(ies) of animals you are willing to provide services to/for. Define:
Canine, feline, exotic, wild life (mobile) limited equine

1.3 List standard hours/days of operation (office hours/days):
M-T-TH-F 7:30 a.m. - 6:00 p.m.
W 7:30 a.m. - 8:00 p.m.
Sat 8:00 a.m. - 5:00 p.m.

1.4 Are boarding services available at your facility? Yes or No Yes - dog, cat, exotic

1.4.1 Define boarding services offered and pricing schedule.
Indoor boarding, exercise, feed, water, bath.
Canine daily rate - see spreadsheet. Feline daily rate - see spreadsheet. Exotic daily rate - see spreadsheet (Canine daily rate - small/medium cage \$20.04, Large Run \$21.38; Feline daily rate \$15.70; Exotic daily rate \$15.70)

1.5 Are quarantine services available at your facility? Yes or No Yes

1.5.1 Define quarantine services offered and pricing structure.
Exam pre-post, board, feed water, Canine daily - see spreadsheet excludes exam (Canine daily rate \$23.80). Feline daily - see spreadsheet excludes exam (Feline daily rate \$18.03). Exam pre-post \$28.25

1.6 Provide hourly rate (OPTIONAL) for spay/neutering procedures (cats & dogs) at a County facility, with County staff assistance. \$100.00 /hour

1.7 Provide hourly rate (OPTIONAL) for general practice at a County facility, with County staff assistance. \$ 75.00 /hour

1.8 Provide hourly rate for services described in 2.1.5
\$ 75.00 /hour veterinarian
\$100.00 /hour veterinarian + vet technician

PALM GLEN ANIMAL HOSPITAL, 7771 N. 43RD AVENUE, PHOENIX, AZ 85051**PALM GLEN ANIMAL HOSPITAL
FEE SCHEDULE 2010**

<u>SERVICE</u>	<u>FEE</u>
<u>Office Call/Examination</u>	\$28.25
<u>Spay/Neuter (Includes Exam)</u>	
Canine Neuter <5 y and Healthy	\$75.02
Canine Neuter >5 y and/or Sick (incl catheter, fluid, in-house bloodwork)	\$136.01
Canine Spay <5 y and Healthy	\$75.02
Canine Spay >5 y and/or Sick (incl catheter, fluid, in-house bloodwork)	\$136.01
Canine C-Section/Pyometra (incl catheter, fluid, in-house bloodwork)	\$250.00
Feline Neuter <5 y and Healthy	\$30.00
Feline Spay	\$50.00
Feline C-Section/Pyometra (incl catheter, fluid, in-house bloodwork)	\$150.00
<u>Injuries</u>	
Fracture Repair Bandage/Splint	\$153.30
Fracture Repair Surgical	\$356.62
Laceration Repair (depending on severity)	\$110.00-164.17
<u>Medication Tier 1</u>	\$12.00
(ie. Amoxicillin, Cephalexin, Doxycycline, Fluconazole, Tramadol)	
<u>Medication Tier 2</u>	\$25.00
(ie. Clavamox, Simplicef, Baytril, Convenia, Rimadyl, Ciprofloxacin)	
<u>Vaccines</u>	
Canine/Feline (each)	\$15.00
<u>Boarding/Quarantine Daily</u>	
Boarding Canine Small/Medium	\$20.04
Boarding Large/Run	\$21.38
Boarding Feline	\$15.70
Quarantine Exam Pre/Post (not daily)	\$28.25
Quarantine Canine	\$23.80
Quarantine Feline	\$18.03
<u>Testing Canine</u>	
Heartworm 4DX	\$29.26
Parvo	\$30.00
<u>Testing Feline</u>	
Felv/Fiv	\$34.30
<u>Laboratory In-House</u>	
Full In-House Profile w/ CBC	\$45.42
In-House CBC	\$17.30
<u>Laboratory Outside Lab</u>	
Fecal w/ Giardia	\$19.98
Cocci/E Canis Profile	\$119.74
Total Health Plus T4 Profile	\$81.01
T4	\$44.03
<u>Hospitalization Daily</u>	
Basic	\$26.60
Isolation	\$30.08

PALM GLEN ANIMAL HOSPITAL, 7771 N. 43RD AVENUE, PHOENIX, AZ 85051

**PALM GLEN ANIMAL HOSPITAL
FEE SCHEDULE 2010 (CONT)**

<u>Dental Services (Includes Exam)</u>	
Basic Dental <5 y and Healthy (incl catheter and fluids)	\$172.10
Basic Dental >5 y and/or Sick (incl catheter, fluid, in-house bloodwork)	\$210.52
Extractions (depending on type of tooth)	\$14.17-57.25
X-Rays	\$21.38
<u>Euthanasia (Includes mass cremation, excludes Exam)</u>	
	\$39.63

Other services are offered at a 50% discount. An estimate will be given and any previous pricing will be honored.

PRICING SHEET: NIGP CODE 96186

Terms: Net 60

Vendor Number: 2011000094 0

Telephone Number: 602/841-1200

Fax Number: 623/931-1795

Contact Person: Bernard Mangone

E-mail Address: aadams@nvanet.com

Certificates of Insurance Required

Contract Period: To cover the period ending **January 31, 2014 2017.**

DURANGO EQUINE VET CLINIC, INC, 20908 WEST DURANGO STREET, BUCKEYE, AZ 85326

RESPONDENT NAME: Durango Equine Veterinary Clinic, Inc.
 ADDRESS: 20908 West Durango Street, Buckeye, Arizona 85326
 P.O. ADDRESS: _____
 TELEPHONE NUMBER: 623-386-2928
 FACSIMILE NUMBER: 623-386-7914
 WEB SITE: www.durangoequine.com
 REPRESENTATIVE: Lloyd H. Kloppe, DVM
 REPRESENTATIVE E-MAIL: kloppelh@swlink.net

	<u>YES</u>	<u>NO</u>	<u>REBATE</u>
WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WILL ACCEPT PROCUREMENT CARD FOR PAYMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WILL OFFER REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	%

(Payment shall be made within 48 hours of utilizing the Purchasing Card)
 FUEL COMPRISES n/a % OF TOTAL BID AMOUNT. (If Applicable)
 PAYMENT TERMS: RESPONDENT IS REQUIRED TO PICK ONE OF THE FOLLOWING. PAYMENT TERMS WILL BE CONSIDERED IN DETERMINING LOW BID. FAILURE TO CHOOSE PAYMENT TERMS WILL RESULT IN A DEFAULT TO NET 30 DAYS.
 NET 30 DAYS

1.1	Bidder/respondent shall attach a price listing in excel (NO PDF) for typical services, as stated in 2.1.11. MANDATORY Price listing shall be clearly identified and attached to this bid: Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.
1.2	List the general category(ies) of animals you are willing to provide services to/for. Define: <i>Equine (Horses)</i>
1.3	List standard hours/days of operation (office hours/days): <i>8am - 12pm Saturday - 8am - 5pm Monday thru Friday - After hour emergency care</i>
1.4	Are boarding services available at your facility? Yes or No <i>Yes</i>
1.4.1	Define boarding services offered and pricing schedule. <i>Horses that need hospitalization care, rest or retirement, layups, and/or reproduction services. Stalls, runs, runs with stalls and paddocks/pastures are available. \$18/day for mares and geldings \$22/day for Stallions and mares with foals \$375/month for mares and geldings \$475/month for Stallions and mares with foals</i>
1.5	Are quarantine services available at your facility? Yes or No <i>yes</i>
1.5.1	Define quarantine services offered and pricing structure. <i>Horses that need quarantine are subject to staying at the furthest end of our facility away from any other horses. We do need to know ahead of time what the circumstances are so that we know if we can accommodate or not. Pricing is the same as stated above for boarding services</i>
1.6	Provide hourly rate (OPTIONAL) for spay/neutering procedures (cats & dogs) at a County facility, with County Staff assistance <i>\$/hour: n/a</i>

DURANGO EQUINE VET CLINIC, INC, 20908 WEST DURANGO STREET, BUCKEYE, AZ 85326

Durango Equine Veterinary Clinic, Inc.
20908 West Durango Street
Buckeye, AZ 85326
623-386-2928

Durango Equine Veterinary Clinic, Inc. offers a wide variety of services and complete care or referral for all aspects of the needs of your horse:

- Ambulatory services are available as well as being able to haul in to our facility.
- Daytime emergency services are available as well as after hours, weekends and on holidays.
- Exams: including wellness exams, colic exams, lameness exams, wound exams, pre-purchase exams, insurance exams, mare and foal exams, eye exams, etc..
- Reproduction services-including stallion collections, artificial insemination, embryo transfers, reproduction exams, ultrasound exams etc..
- Acupuncture
- Full Dentistry
- Radiography
- Surgeries-castrations, hernia surgery, eye enucleation's, cryosurgery, cryptorchid surgery, etc.
- Vaccinations, De-worming, sheath cleaning
- Freeze Branding/Micro chipping
- Hospitalization
- Boarding
- Euthanasia/pick up

PRICING SHEET: NIGP CODE 96186

Vendor Number: 2011000530 0

Certificates of Insurance Required

Contract Period: To cover the period ending **January 31, 2014 2017.**

ADDED 04/07/2011

SERIAL 10090-S

			2103	0.00	PROFESSIONAL DISC	1444	102.49	ORAL FRGN BODY POST NATAL/WHELPING ASSIST.
205	25.31	ACEPROMAZINE ADD. INHAL/15 MIN	2102	5.00	REMOVE STMT FEE	1213	44.91	PROFESSIONAL SERVICES
211	41.95	BUPRENORPHINE (AMP)				104	97.96	
215	45.00					1411	48.71	REPEAT LVG SOAP & WATER BATH
510	6.05	BUTORPH (0.5MG)			CPCR	1425	73.45	
512	2.03	BUTORPH (10MG)				1448	51.55	TOENAIL TRIM
518	0.03	DIAZEPAM (MG) EPIDURAL ANESTHESIA	901	94.66	CPCR (CLSD-15MIN)			
232	94.00		904	465.04	CPCR (OPEN-15MIN) CPCR DRUGS ADMINISTERED			
525	11.11	FENTANYL (MG)	903	55.42				
533	0.24	HYDROMORPHONE (MG)						INJECTIONS
220	315.31	INHALATION 0-25#						
221	354.98	INHALATION 26-50#			MISC AFTERCARE	554	53.26	AMIKACIN
222	381.42	INHALATION 51-75#				555	33.15	AMINOPHYLLINE
223	407.85	INHALATION 76-100#	AME1	75.00	AMES HOME PICK-UP	501	53.26	AMOXICILLIN
224	455.46	INHALATION 101+#	AME2	125.00	WITNESSED CREMATION	506	28.40	AMPICILLIN
207	98.49	INHALATION BOX				562	1.07	ANZEMET(MG)
202	105.72	INTRAMUSCULAR	1306	59.62	HOLD BODY	549	36.18	ATROPINE
203	112.20	INTRAVENOUS	1311	0.00	OWNER COB	570	58.29	BRETHINE/AMP
230	0.42	KETAMINE ORAL CHEMICAL RESTRAINT				566	0.56	CALPHOSAN (ML)
231	27.84					515	0.01	CEFAZOLIN (MG)
201	88.52	LOCAL				519	0.07	CEFOXITIN (MG) CEFTIZOXIME (MG) When calculating an injection use \$32.13 as the inj. fee
227	0.14	MIDAZOLAM (MG)				514	0.06	
209	0.03	MORPHINE (MG)			DIAGNOSTIC PROCEDURES	504	0.66	CERENIA (MG) CHLORPROMAZINE When calculating an injection,
204	22.60	NARCAN OPTHAL TOP ANES				556	53.26	
212	33.15		1410	63.94	ABD. CENTESIS	545	0.15	CLINDMYCN (MG)
229	85.20	PAIN BAG PAIN MGMT/TPC-MCG	763	31.57	BLOOD PRESSURE	516	0.05	DESFERAL (MG)
21A	1.44	PENOBARB DRIP (ML)	762	66.42	CVP SETUP	536	36.14	DEXAMETH SP
213	1.19	PHENOBARB DRIP (ML)	1455	98.35	DIAG PER TAP	564	19.66	DEXTROSE
225	8.57		760	81.15	ECG-LEAD II	526	53.26	DIPHENHYDRAMINE
208	77.79	PROPOFOL (VIAL)	764	140.00	CRITICAL MONITORING	520	0.05	DOBUTAMINE (MG)
226	77.79	TELAZOL (VIAL)	1415	35.43	EMETIC EMERGENCY-ULTRASOUND GILBERT	521	0.16	DOPAMINE (MG)
206	105.72	XYLAZINE	1421	750.00		522	0.67	DOXYCYCLINE (MG) ENROFLOXACIN (MG)
228	71.84	YOHIMBINE	1428	45.21	FLUORESCIN STAIN	511	0.21	
		ANTIDOTES	1413	104.92	GSTRC LVG/15MIN	550	33.15	EPINEPHRINE
			765	26.83	OCULAR PRESSURE	571	14.38	EXOTIC INJECTION
			214	87.30	OPHTHO DIAGNOSTICS	523	18.00	FAMOTIDINE

SERIAL 10090-S

608	83.22	ACT CHARCOAL
606	464.20	ANTIVENIN
544	407.39	ANTIZOLE (VIAL)
513	283.00	CALCIUM EDTA (AMP)
529	1.85	MUCOMYST - (ML)

759	40.44	PULSE OXIMETER
220	32.00	SERIAL BLOOD GAS
1418	145.95	THORACOCENTESIS
1462	63.94	REPEAT THORACOCENTESIS
1439	63.29	ULTRASOUND-CYSTO
1434	71.10	FAST ASSESSMENT

557	23.26	HYPERTONIC SALINE
502	28.58	INJECTION
505	53.26	INSULIN
542	35.59	INSULIN - REPEAT SHOTS
563	0.03	INSULIN DRIP/UNIT
546	18.79	ISUPREL (MG)
541	36.18	LASIX
551	33.15	LIDOCAINE
528	0.01	LIDOCAINE DRIP (ML)
559	53.26	MANNITOL

BANDAGES

1101	44.65	BANDAGE, SM
1102	62.69	BANDAGE, MED
1103	80.73	BANDAGE, LG
1104	88.47	BANDAGE, X-LG
1105	13.26	HEXLITE CAST per sheet + bandage
1110	167.26	METASPLINT, SM
1111	187.71	METASPLINT, MED
1112	272.13	METASPLINT, LG
1107	140.54	ROBERT JONES, SM
1108	171.77	ROBERT JONES, MED
1109	202.98	ROBERT JONES, LG

1308	89.32	EUTHANASIA
1307	53.25	EUTHANASIA ONLY

EUTHANASIA

FLUIDS

806	22.93	CHAMBER SET
802	53.11	CONT. RATE INFUSION
807	36.93	CRI FLUIDS
804	18.00	FLUID ADDITIVES
812	36.18	METOCLOPRAMIDE/FLD ADD/LTR
801	48.00	FLUIDS
524	96.25	HETASTARCH (BAG)
567	3.01	ALBUMIN (ML)
803	16.00	INFUSION SET
808	30.00	INFUSION PUMP
809	45.94	ABD/LAVAGE FLUSH
805	38.00	FLUID SETUP FEE

565	53.26	METACAM
527	0.05	METH PRED SOD (MG)
547	43.69	METOCLOPRAMIDE
560	38.00	METRONIDAZOLE
508	0.60	ONDANSTETRON (MG)
561	36.18	OXYTOCIN
548	0.03	PHENOBARBITAL (MG)
534	0.02	PRD SOD SUC (MG)
537	62.29	PROPRANOLOL (AMP)
540	84.40	SEPTISERUM
503	58.29	TERBUTALINE (AMP)
509	34.26	UNASYN
507	23.83	VASOPRESSIN

BLOOD COMPONENT THERAPY

1003	47.74	BLOOD INF KIT DISPENSED
1008	225.00	RBC/PLASMA
1005	317.36	FELINE BLOOD
1006	151.00	FELINE PLASMA
1012	507.67	OXYGLOBIN/120ML
1016	222.61	OXYGLOBIN/60ML
1007	222.75	PACKED RBC-IN HOUSE ONLY
1004	157.50	PLASMA-IN HOUSE ONLY

SPECIALIST CONSULTS/ PROCEDURES SEE SPECIALIST CHARGE/FEE SHEET

EMERGENCY ANIMAL CLINIC, PLC, 2260 WEST GLENDALE AVE, PHOENIX AZ85021

PRICING SHEET: NIGP CODE 96186

Vendor Number: 2011000563 0

Certificates of Insurance Required

Contract Period: To cover the period ending **January 31, 2014 2017.**

ADDED 04/07/2011

DR. DAN KLINSKI, PO BOX 5150, SCOTTSDALE AZ 85261

RESPONDENT NAME: Dr. Dan Klinski
 ADDRESS: PO Box 5150, Scottsdale, AZ 85261
 P.O. ADDRESS:
 TELEPHONE NUMBER: 480 994-9340
 FACSIMILE NUMBER: 480 998-9933
 WEB SITE:
 REPRESENTATIVE: Dr. Dan Klinski
 REPRESENTATIVE E-MAIL: hossdocvetman@cox.net

	YES	NO	REBATE
WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WILL ACCEPT PROCUREMENT CARD FOR PAYMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WILL OFFER REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	%
(Payment shall be made within 48 hours of utilizing the Purchasing Card)			
FUEL COMPRISES	% OF TOTAL BID AMOUNT. (If Applicable)		
PAYMENT TERMS: RESPONDENT IS REQUIRED TO PICK ONE OF THE FOLLOWING. PAYMENT TERMS WILL BE CONSIDERED IN DETERMINING LOW BID. FAILURE TO CHOOSE PAYMENT TERMS WILL RESULT IN A DEFAULT TO NET 30 DAYS.			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2% 10 DAYS NET 30
	<input type="checkbox"/>	<input type="checkbox"/>	5% 30 DAYS NET 31 DAYS

- 1.1 Bidder/respondent shall attach a price listing in excel (NO PDF) for typical services, as stated in 2.1.11. MANDATORY Price listing shall be clearly identified and attached to this bid: Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.
 - 1.2 List the general category(ies) of animals you are willing to provide services to/for. Define: *Equine (Horse Doctor) Mandatory Basic Pricing is listed below under 1.7*
 - 1.3 List standard hours/days of operation (office hours/days): *8 AM to 5 PM Monday thru Friday. Special arrangements can be made for certain weekend servicing. Afterhours emergency coverage also available by Dr. Klinski, with backup provided by Southwest Equine and Arizona Surgical Center.*
 - 1.4 Are boarding services available at your facility? Yes or No *N/A*
 - 1.4.1 Define boarding services offered and pricing schedule. *Not Available*
 - 1.5 Are quarantine services available at your facility? Yes or No *N/A*
 - 1.5.1 Define quarantine services offered and pricing structure. *N/A*
 - 1.6 Provide hourly rate (OPTIONAL) for spay/neutering procedures (cats & dogs) at a County facility, with County Staff assistance *\$ N/A/hour*
 - 1.7 Provide hourly rate (OPTIONAL) for general practice at a County facility, with County staff assistance. *\$ N/A/hour*
- Basic Call Charge: \$55, After Hours Emergency Charge: \$100, Travel Fees (mileage dependant): \$35 to \$105.
 Professional Time: \$180/hr, Vaccinations: \$25 to \$35, Medications: Cost dependant on Dose and Drug administered.
 Dental (Floating Teeth): \$100 to \$150 dependant on the amount of work needed and type and amount of sedation required.
 Lameness Exam: \$35 Diagnostic Nerve Blocks additional @ \$35/block.
 When beneficial for time and convenience, Dr. Klinski can and will call in Prescriptions to local Pharmacies and/or suppliers to aid Sheriff's office in procuring needed material for the care of the Departments' Equine Unit.*

PRICING SHEET: NIGP CODE 96186

Vendor Number: 2011000532 0
 Certificates of Insurance Required
 Contract Period: To cover the period ending **January 31, 2014 2017.**

ADDED 04/07/2011

PHOENIX ANIMAL WELLNESS SERVICE, 20635 N CAVE CREEK ROAD, A-2, PHOENIX AZ 85024

RESPONDENT NAME: PAWS – Phoenix Animal Wellness
 ADDRESS: 11422 N 16th Place, Phoenix, AZ 85020
 P.O. ADDRESS:
 TELEPHONE NUMBER: 623-363-5110
 FACSIMILE NUMBER: 602-325-0210
 WEB SITE:
 REPRESENTATIVE: Scot Diskin
 REPRESENTATIVE E-MAIL: azdvm@cox.net

	<u>YES</u>	<u>NO</u>	<u>REBATE</u>
WILL ALLOW OTHER GOVERNMENTAL ENTITIES TO PURCHASE FROM THIS CONTRACT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
WILL ACCEPT PROCUREMENT CARD FOR PAYMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
WILL OFFER REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	%
(Payment shall be made within 48 hours of utilizing the Purchasing Card)			
FUEL COMPRISES			% OF TOTAL BID AMOUNT. (If Applicable)
PAYMENT TERMS: RESPONDENT IS REQUIRED TO PICK ONE OF THE FOLLOWING. PAYMENT TERMS WILL BE CONSIDERED IN DETERMINING LOW BID. FAILURE TO CHOOSE PAYMENT TERMS WILL RESULT IN A DEFAULT TO NET 30 DAYS.			
<input checked="" type="checkbox"/> NET 30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>	2% 10 DAYS NET 30 DAYS
	<input type="checkbox"/>	<input type="checkbox"/>	5% 30 DAYS NET 31 DAYS

- 1.1 Bidder/respondent shall attach a price listing in excel (NO PDF) for typical services, as stated in 2.1.11. MANDATORY Price listing shall be clearly identified and attached to this bid: Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.
- 1.2 List the general category(ies) of animals you are willing to provide *Dogs & Cats* services to/for. Define:
- 1.3 List standard hours/days of operation (office hours/days): *8:00 a.m. to 5:00 p.m. Wednesday through Saturday*
- 1.4 Are boarding services available at your facility? Yes or No *NO*
- 1.5 Are quarantine services available at your facility? Yes or No *NO*
- 1.6 Provide hourly rate (OPTIONAL) for spay/neutering procedures (cats & dogs) at a County facility, with County Staff assistance *\$ 95/hour - I average 8-10 surgeries per hour when adequately staffed.*
- 1.7 Provide hourly rate (OPTIONAL) for general practice at a County facility, with County staff assistance. *\$ 95/hour*

PHOENIX ANIMAL WELLNESS SERVICE, 20635 N CAVE CREEK ROAD, A-2, PHOENIX AZ 85024

Cat Spay	50
Additional Fees	
- Cat Pregnant	20
- Cat in Heat	10
Cat Neuter	30
Additional Fees	
- Cryptorchid	20
Dog Spay	
1-25 lbs.	65
26-50 lbs.	75
51-75 lbs.	95
76-100 lbs.	110
Additional Fees	
-Dog Pregnant	40
- Dog in Heat	20
Dog Neuter	
1-25 lbs.	55
26-50 lbs.	65
51-75 lbs.	75
76-100 lbs.	90
Additional Fees	
- Cryptorchid	20-40
Dentals	100-400

PHOENIX ANIMAL WELLNESS SERVICE, 20635 N CAVE CREEK ROAD, A-2, PHOENIX AZ 85024

Pre-surgery blood testing	55
- For animals over 5 years of age, or at the discretion of the veterinarian, blood testing is required.	
E-Collar (Elizabethian or buster collar) to prevent licking of the surgical incision	10
Deciduous ("Baby-Teeth") tooth removal/extraction	8
CAT VACCINATIONS AND TESTS	
Feline Leukemia Virus (FELV) Vaccination	10
Feline Viral Rhinotracheitis, calicivirus, and panleukopenia (FVRCP) Vaccination	10
RABIES Vaccination	10
Feline Leukemia Virus / Feline Immunodeficiency Virus (FELV/FIV) Test	30
DOG VACCINATIONS AND TESTS	
Distemper, adenovirus, parvovirus, parainfluenza (DA2PP) Vaccination	10
Bordatella Vaccination - Kennel Cough	10
Rabies Vaccination	10
Heartworm, Ehrlichia (Tick Fever) and Lyme disease combo Test	30
OTHER SERVICES & PRODUCTS	
Anal Gland Expression	15
Microchip Lifetime registration with no Annual Fees or Update Charges	30
with Surgery Only	20
Ear Mite Treatment (1st and 2nd) Acarex TM needs to be repeated two weeks apart for best effect	30
Iverhart Plus TM Chewables 6 months (we will match 1-800-PetMeds' prices with proof)	
1 to 25 lbs	30
26 to 50 lbs	40
51 to 100 lbs	50
Deworming for... (Cats and Dogs)	
Roundworms and hookworms	15
Tapeworms	20
Frontline Plus TM for Flea control on Cats - 3 Month Supply	43
K9 Advantix TM for Flea and Tick control - 4 Month supply *not for use on cats	
1 to 10 lbs	56
11 to 20 lbs	58
21 to 55 lbs	61
55 lbs and up	63

PRICING SHEET: NIGP CODE 96186

Vendor Number: 2011000525 0

Certificates of Insurance Required

Contract Period: To cover the period ending **January 31, 2014 2017.**

ADDED 04/07/2011