

SERIAL 04135 S VETERINARY SERVICES – MCSO

DATE OF LAST REVISION: March 13, 2008 CONTRACT END DATE: October 31, 2010

**OCTOBER 31, 2010**  
CONTRACT PERIOD THROUGH ~~OCTOBER 31, 2007~~

TO: All Departments  
FROM: Department of Materials Management  
SUBJECT: Contract for **VETERINARY SERVICES – MCSO**

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 **October 20, 2004**.

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.

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Wes Baysinger, Director  
Materials Management

SF/mm  
Attach

Copy to: Clerk of the Board  
**Amie Bristol**, MCSO  
Materials Management

SPECIFICATIONS ON INVITATION FOR BID FOR: **VETERINARY SERVICES – MSCO (NIGP 96186)****1.0 INTENT:**

The intent of this solicitation is to provide routine and emergency veterinary services for canine, feline 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 or to add additional vendors as needed. 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.

**2.0 TECHNICAL SPECIFICATIONS:**

- 2.1 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.
- 2.2 Boarding and quarantine services may be required on an as needed basis.
- 2.3 Contractor shall be agreeable to offer testimony in court for animal cruelty cases. Contractors will be compensated for their testimony.
- 2.4 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.***
- 2.5 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.
- 2.6 "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.
- 2.7 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.
- 2.8 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.
- 2.9 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.
- 2.10 Certain animals are evidence and/or victims in felony animal abuse cases. All medical records may become part of the criminal evidence presented in court.
- 2.11 Respondents shall submit the following information/documents to be considered for contract award:
  - 2.11.1 Copy(ies) of Arizona Veterinary Medical Licensing Board License (attach copy(ies) to Attachment A).

- 2.11.2 Provide a listing of the general category of animal(s) the bidder is willing to provide services to/for (list on Attachment A)
- 2.11.3 List the current hours of operation (hours of operation and days of week (list on Attachment A)
- 2.11.4 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).

2.12 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.

2.13 TAX:

No tax shall be levied against labor. Bid pricing to include all labor, overhead tools and equipment used, profit, and any taxes that may be levied. It is the responsibility of the Contractor to determine any and all taxes and include the same in bid price.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT LENGTH:

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

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 ESCALATION:

Any request for reasonable price adjustments must be submitted thirty (30) days prior to the Contract Anniversary date. Justification for the requested adjustment in cost of labor and/or materials must be supported by appropriate documentation and fall within the Producer Price Index for the commodity. Increases are subject to approval in writing by the Materials Management Department prior to any adjusted invoicing being submitted for payment.

3.4 EVALUATION CRITERIA:

The evaluation of this Bid will be based on, but not limited to, the following:

- 3.4.1 Compliance with specifications
- 3.4.2 Price
- 3.4.3 Determination of responsibility

The County reserves the right to award in whole or in part, by item or group of items, by section or geographic area, or make multiple awards, where such action serves the County's best interest.

3.5 FACILITIES:

During the course of this Agreement, the County shall provide the Contractor's personnel with adequate workspace for providing services related to this contract, when services are requested to be provided at a County facility.

### 3.6 INDEMNIFICATION AND INSURANCE:

#### 3.6.1 INDEMNIFICATION

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 acts, errors, omissions or mistakes 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 attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting therefrom, caused by any acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes **CONTRACTOR** may be legally liable.

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.

#### 3.6.2 Abrogation of Arizona Revised Statutes Section 34-226:

In the event that A.R.S. § 34-226 shall be repealed or held unconstitutional or otherwise invalid by a court of competent jurisdiction, then 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, and the cost of appellate proceedings), relating to, arising out of, or resulting from **CONTRACTOR'S** work or services. **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 attributable to bodily injury, sickness, disease, death, injury to, impairment or destruction of property including loss of use resulting therefrom, caused in whole or in part by any act or omission of **CONTRACTOR**, anyone **CONTRACTOR** directly or indirectly employs or anyone for whose acts **CONTRACTOR** may be liable, regardless of whether it is caused in part by a party indemnified hereunder, including COUNTY.

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

#### 3.6.3 Insurance Requirements.

**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++6. 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.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of COUNTY, constitute a material breach of this Contract.

**CONTRACTOR'S** insurance shall be primary insurance as respects COUNTY, and any insurance or self-insurance maintained by COUNTY shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect **COUNTY**.

The insurance policies may provide coverage, which contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to **COUNTY** under such policies. **CONTRACTOR** shall be solely responsible for the deductible and/or self-insured retention and **COUNTY**, at its option, may require **CONTRACTOR** to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

**COUNTY** reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. **COUNTY** shall not be obligated, however, to review such policies and/or endorsements or to advise **CONTRACTOR** of any deficiencies in such policies and endorsements, and such receipt shall not relieve **CONTRACTOR** from, or be deemed a waiver of **COUNTY'S** right to insist on strict fulfillment of **CONTRACTOR'S** obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, shall name **COUNTY**, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, shall contain a waiver of transfer of rights of recovery (subrogation) against **COUNTY**, its agents, representatives, officers, directors, officials and employees for any claims arising out of **CONTRACTOR'S** work or service.

3.6.3.1 Commercial General Liability. **CONTRACTOR** shall maintain Commercial General Liability Insurance (CGL) and, if necessary, Commercial Umbrella Insurance with a limit of not less than \$1,000,000 for each occurrence with a \$2,000,000 Products/Completed Operations Aggregate and a \$2,000,000 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 including, but not limited to, the liability assumed under the indemnification provisions of this Contract which coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG 00 01 10 93 or any replacements thereof. 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.

The policy shall contain a severability of interest provision, and shall not contain a sunset provision or commutation clause, or any provision which would serve to limit third party action over claims.

The CGL and the commercial umbrella coverage, if any, additional insured endorsement shall be at least as broad as the Insurance Service Office, Inc.'s Additional Insured, Form CG 20 10 10 01, and shall include coverage for **CONTRACTOR'S** operations and products.

3.6.3.2 Automobile Liability. **CONTRACTOR** shall maintain Automobile Liability Insurance and, if necessary, Commercial Umbrella Insurance with a combined single limit for bodily injury and property damage of no less than \$1,000,000, each occurrence, with respect to **CONTRACTOR'S** vehicles (including owned, hired, non-owned), assigned to or used in the performance of this Contract. If hazardous substances, materials, or wastes are to be transported, MCS 90 endorsement shall be included and \$5,000,000 per accident limits for bodily injury and property damage shall apply.

- 3.6.3.3 Workers' Compensation. **CONTRACTOR** shall carry 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, as well as Employer's Liability insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee, and \$500,000 disease policy limit.

**CONTRACTOR** waives all rights against **COUNTY** and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by **CONTRACTOR** pursuant to this agreement.

In case any work is subcontracted, **CONTRACTOR** will require the Subcontractor to provide Workers' Compensation and Employer's Liability insurance to at least the same extent as required of **CONTRACTOR**.

- 3.6.3.4 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 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

In the event any insurance policy(ies) required by this contract is(are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of **CONTRACTOR'S** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to **COUNTY** fifteen (15) days prior to the expiration date.

- 3.6.3.5 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.

3.7 **PROCUREMENT CARD ORDERING CAPABILITY:**

It is the intent of Maricopa County to utilize a procurement card that may be used by the County from time to time, to place and make payment for orders under the Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.8 **INQUIRIES AND NOTICES:**

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY  
DEPARTMENT OF MATERIALS MANAGEMENT  
ATTN: CONTRACT ADMINISTRATION  
320 W. LINCOLN ST.  
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT CONSULTANT, 602-506-3274  
([sfisher@mail.maricopa.gov](mailto:sfisher@mail.maricopa.gov))

Technical telephone inquiries shall be addressed to:

**Amie Bristol**, MCSO Procurement, 602-876-3409

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.9 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS:

**Bidders are to provide one (1) original "hard copy" (labeled) and one (1) "copy" of the same labeled as "copy".** Bidders are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. **A corporate official who has been authorized to make such commitments must sign bids.**

**BETHANY ANIMAL HOSPITAL PLLC, 2524 W BETHANY HOME ROAD, PHOENIX, AZ 85017**

**PRICING SHEET NIGP 9618601**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_ YES \_\_\_X\_\_\_ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? \_\_\_ YES NO \_\_\_X\_\_\_

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? \_\_\_\_\_ YES \_\_\_X\_\_\_ NO

INTERNET ORDERING CAPABILITY: \_\_\_ YES \_\_\_X\_\_\_ NO \_\_\_\_\_% DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_X\_\_\_ YES \_\_\_\_\_ NO

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall *attach a price listing* for typical services, as stated in 2.10.4. 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 animal you are willing to provide services to/for. Define below:

**Small companion animals – dogs & cats**

1.3 List below standard hours/days of operation (office hours/days):

**7:30 am – 7:30 pm M-F 9-4 Saturday**

1.4 Are boarding services available at your facility? (circle one) **YES** NO

Define boarding services offered (if offered) and pricing schedule below:

**Kennels & runs available no indoor/outdoor runs, cats \$10/d dogs \$12-\$20/d vaccines and frontline required**

1.5 Are quarantine services available at your facility? (circle one) **YES** NO

Define quarantine services offered (if offered) and pricing structure below:

**Limited facilities for Rabies observation, animals current rates \$30/d**

Bethany Animal Hospital

Price list

Office call/exam	\$36.00
“well exam” with vaccination	\$18.00
Vaccinations	\$12.50 each
Felv test	\$30.00
Felv/FIV test	\$40.00

Sterilization surgeries: animals over 2 years of age and those in heat, pregnant, or with other medical problems may incur other charges.

**BETHANY ANIMAL HOSPITAL PLLC, 2524 W BETHANY HOME ROAD, PHOENIX, AZ 85017**

Feline:

Neuter: all over 2 lbs body weight \$30.00  
 OVH: all over 2 lbs body weight \$50.00

Canine:

NEUTER-MALE	
Weight (lbs)	Price \$00.00
0-20	\$50.00
21-30	\$56.00
31-40	\$62.00
41-50	\$68.00
51-60	\$70.00
61-70	\$75.00
71-80	\$85.00
81-90	\$95.00
OVH -FEMALE	
0-20	\$ 60.00
21-30	\$ 65.00
31-40	\$ 70.00
41-50	\$ 75.00
51-60	\$ 85.00
61-70	\$100.00
71-80	\$125.00
81-90	\$150.00

Terms: NET 60

Vendor Number: **W000001690 X**

Telephone Number: 602/424-1657

Fax Number: 602/242-5573

Contact Person: ~~Katharine Dandre~~ **Katie Andre**

E-mail Address: [kandredvm@aol.com](mailto:kandredvm@aol.com)

Company Web Site: pending

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2007 2010.**

**INDIAN BEND ANIMAL HOSPITAL, 3923 E THUNDERBIRD RD #123, PHOENIX, AZ 85032**

**PRICING SHEET NIGP 9618601**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT?  YES NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD?  YES  NO

INTERNET ORDERING CAPABILITY:  YES  NO  % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT:  YES  NO

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall *attach a price listing* for typical services, as stated in 2.10.4. 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 animal you are willing to provide services to/for. Define below:

**Small animals**

1.3 List below standard hours/days of operation (office hours/days):

**M, T, Th, F 8-5 W 4-8 Sat 9-12**

1.4 Are boarding services available at your facility? (circle one)  YES  NO  
Define boarding services offered (if offered) and pricing schedule below:

**We have limited space – Rates vary from \$14-\$20/ night depending on cage size.**

1.5 Are quarantine services available at your facility? (circle one)  YES  NO  
Define quarantine services offered (if offered) and pricing structure below:

**Again, limited DT space \$45/ night**

INDIAN BEND ANIMAL HOSPITAL  
Procedure Codes Listing

<u>Procedure Code</u>	<u>Category</u>	<u>Description</u>	<u>Price</u>
100	OFF	OFFICE VISIT-ROUTINE	\$34.00
101	OFF	OFFICE VISIT-FOLLOW UP	\$24.00
102	OFF	EXAM-VACCINATION BOOSTER	\$20.00
103	OFF	EXAM-HOSPITALIZED	\$23.00
104	OFF	OFFICE VISIT-EXTENDED	\$54.00
105	OFF	OFFICE VISIT-EMERGENCY	\$60.00
106	OFF	OFFICE VISIT-COURTESY	\$ 0.00
107	OFF	HOUSE CALL VISIT	\$75.00
108	OFF	OFFICE VISIT-EUTHANASIA	\$20.00

**INDIAN BEND ANIMAL HOSPITAL, 3923 E THUNDERBIRD RD #123, PHOENIX, AZ 85032**

109	OFF	OFFICE VISIT-HEALTH CERT	\$42.00
111	OFF	OFFICE VISIT WALK IN	\$41.00
112	OFF	DISCOUNT	\$ 0.00
123	OFF	OFFICE VISIT-ANNUAL	\$34.00
124	VAC	BORDETELLA INTANASAL	\$16.00
125	VAC	BORDETELLA SQ	\$16.00
126	VAC	DHPP PUPPY	\$16.00
127	VAC	DHPP 1 YR.	\$16.00
128	VAC	DHPP-3 YEAR	\$16.00
129	VAC	FeLV-ANNUAL	\$16.00
130	VAC	FELINE RABIES	\$16.00
133	VAC	FVRCP-KITTEN	\$16.00
134	VAC	FVRCP-1 YEAR	\$16.00
135	VAC	FVRCP-3 YEAR	\$16.00
136	VAC	RABIES-CANINE 1YR	\$16.00
137	VAC	RABIES-CANINE 3YR	\$16.00

Terms: NET 30

Vendor Number: **W000001470 X**

Telephone Number: 602/867-2992

Fax Number: 602/867-0461

Contact Person: Kathryn Allen

E-mail Address: [kallenaz6@aol.com](mailto:kallenaz6@aol.com) [kallendvm@cox.net](mailto:kallendvm@cox.net)

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2007 2010.**

SOUTHSIDE ANIMAL HOSPITAL, 6045 S CENTRAL, PHOENIX, AZ 85042

**PRICING SHEET NIGP 9618601**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_ YES \_\_\_ X \_\_\_ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? \_\_\_ YES NO \_\_\_ X \_\_\_

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? \_\_\_\_\_ YES \_\_\_ X \_\_\_ NO

INTERNET ORDERING CAPABILITY: \_\_\_ YES \_\_\_ X \_\_\_ NO \_\_\_\_\_ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_ X \_\_\_ YES \_\_\_\_\_ NO

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall *attach a price listing* for typical services, as stated in 2.10.4. 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 animal you are willing to provide services to/for. Define below:

Dogs and Cats

1.3 List below standard hours/days of operation (office hours/days):

8:00 am → Noon 1:50 pm. → 5:30 pm

1.4 Are boarding services available at your facility? (circle one) YES NO  
Define boarding services offered (if offered) and pricing schedule below:

Boarding service @ \$19.60 @ day

1.5 Are quarantine services available at your facility? (circle one) YES NO  
Define quarantine services offered (if offered) and pricing structure below:

Quarantine Service @ \$35.00@ day

1.6 Provide hourly rate (OPTIONAL) for spay/neutering procedures (cats & dogs) at a County facility, with County staff assistance. List the hourly rate offered below:

Hourly rate: \$ N/A

1.7 Provide hourly rate (OPTIONAL) for general practice at a County facility, with County staff assistance. List the hourly rate offered below:

Hourly rate: \$ N/A

SOUTHSIDE ANIMAL HOSPITAL

Species. CANINE

	<u>Description</u>	
8/24/2004	Exam/Office Visit Multiple	\$ 28.16
8/24/2004	DHPP	\$ 15.62
8/24/2004	Canine Rabies	\$ 14.09

8/24/2004 Canine OHE Large 40-80 lbs. \$142.68  
SOUTHSIDE ANIMAL HOSPITAL, 6045 S CENTRAL, PHOENIX, AZ 85042

8/24/2004	Canine Nauter Large 40-80 lbs.	\$112.03
8/24/2004	Facial Float	\$ 15.31
8/24/2004	Radiograph Dx View	\$ 71.29
8/24/2004	Hematocrit	\$ 14.19
8/24/2004	K9 PROFILE COCCI/E.CANIS	\$138.60
8/24/2004	Blood Collection	\$ 12.28
8/24/2004	Boarding Run	\$ 19.37
8/24/2004	Microchip Implant	\$ 44.89
8/24/2004	Bordatella	\$ 14.09

Terms: NET 30

Vendor Number: **W000001857 X**

Telephone Number: 602/276-5505

Fax Number: 602/276-8090

Contact Person: **Ruby Bilducia**

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2007 2010.**

*Cancellation effective June 02, 2005*

**CONTRACTOR STATES WILL PROVIDE SERVICES TO MCSO K-9 UNIT ONLY.**

**Contract reinstated effective 7/1/05**

**DURANGO EQUINE VET CLINIC, 20908 W DURANGO, BUCKEYE, AZ 85326**

**PRICING SHEET NIGP 9618601**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL:  YES  NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT?  YES  NO

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD?  YES  NO

INTERNET ORDERING CAPABILITY:  YES  NO  % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT:  YES  NO

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall *attach a price listing* for typical services, as stated in 2.10.4. 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 animal you are willing to provide services to/for. Define below:

Equine

1.3 List below standard hours/days of operation (office hours/days):

8 – 5 M – F      8 – 12 Saturday

1.4 Are boarding services available at your facility? (circle one) YES NO

Define boarding services offered (if offered) and pricing schedule below:

Boarding service \$13.00 - \$16.00 depending upon gender

1.5 Are quarantine services available at your facility? (circle one) YES **NO**

Define quarantine services offered (if offered) and pricing structure below:

- Office Visit: \$15.00
- Emergency Fee: Daytime - \$50.00  
After Hours - \$100.00  
Late Night - \$125.00 (10 PM to 6 AM)
- Travel Fees: \$35.00-\$105.00 depending on mileage
- Exam Fees: \$55.00
- Professional Time:\$180.00 an hour
- Vaccinations: \$15.00-\$20.00
- Dental (Powerfloat): \$100.00-\$150.00
- Euthanasia: \$85.00
- Lab (Bloodwork): \$10.00 and up depending on test
- Dispensing Medication: \$\$ vary depending upon treatment

**DURANGO EQUINE VETERINARY CLINIC, 20908 W DURANGO, BUCKEYE, AZ 85326**

Terms: NET 30

Vendor Number: W000000973 X

Telephone Number: 623/386-2928

Fax Number: 623/386-7914

Contact Person: Lloyd H Kloppe

E-mail Address: [kloppelh@swlink.net](mailto:kloppelh@swlink.net)

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2007 2010.**

**CONTRACT AWARD EFFECTIVITY 12/02/2004**

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

**PRICING SHEET NIGP 9618601**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES \_\_X\_\_ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? \_\_YES NO \_\_X\_\_

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? \_\_\_\_\_ YES \_\_X\_\_ NO

INTERNET ORDERING CAPABILITY: \_\_\_\_ YES \_\_X\_\_ NO \_\_\_\_\_% DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_\_ YES \_\_X\_\_ NO

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall *attach a price listing* for typical services, as stated in 2.10.4. 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 animal you are willing to provide services to/for. Define below:

Maricopa County Sheriff's Office Mounted Unit horses only.

1.3 List below standard hours/days of operation (office hours/days):

9:00 am – 5:00 pm M – F

1.4 Are boarding services available at your facility? (circle one) YES **NO**

Define boarding services offered (if offered) and pricing schedule below:

1.5 Are quarantine services available at your facility? (circle one) YES **NO**

Define quarantine services offered (if offered) and pricing structure below:

1.7 Provide hourly rate (OPTIONAL) for general practice at a County facility, with County staff assistance. List the hourly rate offered below:

Hourly rate: \$ 50.00 / per visit

PRICE LIST:

Vet Visit: \$50.00 per visit

Vaccinations: \$ 25.00 per vaccination shot for routine vaccinations. Other shots depend on the need of the horse and prices are subject to change. Prices may vary depending dosage and medication or drug administered.

Dental Work (Floating Teeth): \$ 130.00 (\$ 95.00 Float \$ 35.00 Sedation) – This price includes sedation and if for routine dental work. This price may change depending on extent of work or procedure needed and type of sedation and amount needed.

Lameness Exam: \$ 25.00 for Local Blocks per site.

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

Presale Exam: \$ 150.00

Emergency Call: \$0.00 – Vet requests all emergencies be taken to Southwest Equine Hospital.

Terms: NET 20

Vendor Number: W000000921 X

Telephone Number: 480-994-9340

Fax Number: 480-998-9933

Contact Person: Dan Klinski

E-mail Address: [hossdocvetman@cox.net](mailto:hossdocvetman@cox.net)

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2010.**

**CONTRACT AWARD EFFECTIVITY 11/15/07.**

**EMERGENCY ANIMAL CLINIC, PLC, 2260 WEST GLENDALE AVENUE, PHOENIX, AZ 85021**

**PRICING SHEET NIGP 9618601**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_ YES \_\_\_ X \_\_\_ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? \_\_\_ X \_\_\_ YES NO \_\_\_

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? \_\_\_\_\_ YES \_\_\_ X \_\_\_ NO

INTERNET ORDERING CAPABILITY: \_\_\_ YES \_\_\_ X \_\_\_ NO \_\_\_\_\_ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_\_ YES \_\_\_ X \_\_\_ NO

1.0 PRICING:

ITEM DESCRIPTION

1.1 Bidder/respondent shall *attach a price listing* for typical services, as stated in 2.10.4. 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 animal you are willing to provide services to/for. Define below:

Companion animals, small

1.3 List below standard hours/days of operation (office hours/days):

Open 7 days a week, 24hrs a day

1.4 Are boarding services available at your facility? (circle one) YES

**NO**

Define boarding services offered (if offered) and pricing schedule below:

1.5 Are quarantine services available at your facility? (circle one) YES

**NO**

Define quarantine services offered (if offered) and pricing structure below:

**EMERGENCY ANIMAL CLINIC, PLC, 2260 WEST GLENDALE AVENUE, PHOENIX, AZ 85021**

**EXAMS**

105	43.00	CONSULTATION
1301	0.00	DOA
101	35.00	EMERGENCY FEE
102	70.00	EXAM FEE
118	450.00	HOFFMANSPECIAL PROCEDURE
107	35.00	RE-ENTRY/SAME SHIFT
112	44.50	SPECIALIST CONSULT
114	112.00	SPECIALIST PROCEDURES
116	30.88	AVS-EXAM
103	70.00	TRANSFER EXAM
106	55.00	TRANSPORT FEE

**ANESTHESIA**

205	42.38	ACEPROMAZINE
211	35.16	ADD. INHALTS MIN
215	79.55	BUPRENORPHINE (AMP)
510	4.79	BUTORPH (0.5MG)
512	1.61	BUTORPH (10MG)
519	0.92	DIAZEPAM (MG)
214	2.64	DIAZEPAM DRP(WL)
525	8.78	PENTANYL (MG)
533	0.20	HYDROMORPHONE (MG)
228	249.54	INHALATION 0-35#
221	282.40	INHALATION 35-55#
222	201.27	INHALATION 51-75#
223	322.26	INHALATION 75-100#
224	359.88	INHALATION 101+ #
207	77.83	INHALATION BOX
202	83.54	INTRAMUSCULAR
203	96.74	INTRAVENOUS
330	0.34	KETAMINE ORAL
331	29.86	KETAMINE TOPICAL
201	68.86	LOCAL
227	0.12	MIDAZOLAM (MG)
209	0.20	MORPHINE (MG)
204	42.38	NARCAN
212	28.20	OPHTHAL TOP ANES
229	82.65	PAIN BAG
21A	1.14	PAIN MONIT/PG- MCG
213	0.90	PENTOBARBIT DRP (ML)
225	0.76	PHENOBARBIT DRP (ML)
208	61.47	PROPOFOL (MAL)
226	61.47	TELAZOL (MAL)
206	53.54	XYLAZINE
228	56.77	YOHIMBINE

**ANTIDOTES**

606	55.78	ACT CHARCOAL
856	181.59	ANTHIMBIN
544	316.94	ANTIZOLE (MAL)
513	192.05	CALCIUM EDTA (AMP)
523	7.00	MUCOMYST - (ML)
530	217.52	PROTOPAM (MAL)

**BANDAGES**

1101	35.29	BANDAGE, SM
1102	49.54	BANDAGE, MED
1103	63.79	BANDAGE, LG
1104	68.60	BANDAGE, X-LG
1105	10.48	HEXLUITE CAST per sheet + bandage
1110	132.16	METASPLINT, SM
1111	148.32	METASPLINT, MED
1112	215.02	METASPLINT, LG
1107	111.03	ROBERT JONES, SM
1108	135.72	ROBERT JONES, MED
1109	192.28	ROBERT JONES, LG

**BLOOD COMPONENT THERAPY**

1000	37.73	BLOOD INF KIT
1008	428.85	DISP K-9 WHL
1005	250.79	FELINE BLOOD
1010	186.29	K-9 < 45kg WHOLE BLOOD
1018	333.11	K-9 FRESH WHL BLD
1012	401.13	OXYGLOBIN/30ML
1019	175.80	OXYGLOBIN/60ML
1007	278.11	PACKED RBC
1004	266.85	PLASMA

BLOOD DISPENSED TO MESA YET, SONORA  
PARADISE VALLEY EMERGENCY, 181 PET  
FIRST REGIONAL, N. VALLEY WILL BE CHARGED

1001	261.82	EDISP FELINE BLOOD
1002	481.83	EDISP K-9 PLASMA
1009	255.79	EDISP K-9 RBC
1011	361.73	EDISP K-9 WHL BLD

**BUSINESS OFFICE**

1218	22.47	OBSERVATION
2101	5.50	BILLING FEE
1500	60.00	NAPCC FEE (PSN CTRL)
1501	110.00	CARDIOPET CONSULT
2102	0.00	PROFESSIONAL DISC
2102	6.00	REMOVE STMT FEE

**CPCR**

901	74.80	CPCR (CLSD-15MIN)
904	267.44	CPCR (OPEN-15MIN)
905	43.85	CPCR DRUGS ADMINSTERED

**CREMATION**

1310	40.18	EXTRA SMALL < 2#
1302	68.70	SMALL 3-25#
1303	82.91	MEDIUM 26-55#
1304	99.74	LARGE 51-75#
1305	115.33	X-LG 76+ #
1306	99.74	SPECIAL HANDLING
1311	5.00	OWNER COB

**DIAGNOSTIC PROCEDURES**

5410	50.53	ABD. CENTESIS
793	14.28	BLOOD PRESSURE
793	71.88	BLOOD PRESSURE MONITOR
762	52.48	CVP SETUP
1455	77.72	DIAG PER TAP
760	64.13	ECG-LEAD II
761	25.29	ECG-3ER LEAD II
749	68.74	ECG (3 LEAD)
754	71.88	ECG MONITOR
1415	25.00	EMETIC
1420	35.73	FLUORESCEN STAIN
1413	82.91	GSTRC LVGH/SMN
765	21.20	OCULAR PRESSURE
760	01.60	PULS COUMETER
780	71.88	PULSE OX MONITOR
1443	38.75	SCHIRMER TEAR TEST
1418	115.33	THORACCENTESIS
1492	50.53	REPEAT THORACCENTESIS
1439	184.84	ULTRASOUND
1439	50.01	ULTRASOUND-CYSTO
1434	58.19	FAST ASSESSMENT
1435	229.79	RAPID ASSESSMENT
1436	87.64	DYSTOCIA ULTRASOUND
1437	201.26	DYSTOCIA ASSESSMENT

**EUTHANASIA**

1309	50.09	EUTHANASIA
1307	42.08	EUTHANASIA ONLY

**FLUIDS**

806	18.13	CHAMBER SET
802	61.67	CONT. RATE INFUSION
807	29.19	CRI FLUIDS
804	19.85	FLUID ADDITIVES
812	28.59	METOCLOPRAMIDE/FLD ADD/LTR
801	74.28	FLUIDS
824	0.54	HETASTARCH (ML)
567	2.39	ALBUMIN (ML)
803	54.40	INFUSION SET
806	17.86	INFUSION PUMP
809	38.21	ABDLAVAGE FLUSH
905	79.87	90 FLUIDS

**HOSPITALIZATION**

CRITICAL CARE  
1209 13.10 CRITICAL CARE/HR

1212	111.00	REGULAR AVIAN HOSPITAL
1214	112.71	BRIEF < 5 HRS
1201	150.29	STANDARD 5 - 14 HRS
1204	183.97	EXTENDED 14 - 24 HRS
1208	77.41	POST OP RECOVERY

**SPECIAL**

1202	127.93	BRIEF < 5 HRS
1205	183.97	STANDARD 5 - 14 HRS
1210	233.21	EXTENDED 14 - 24 HRS
1203	63.62	ICU (HOU/MLY)

**IN-HOSPITAL TREATMENT**

1447	58.34	BLOOD FEATHER
1424	42.86	COLD H2O BATH
1445	50.53	CUTAN PRGN BODY
884	10.73	DRUG ADMIN
1414	25.24	ENEMA
1446	52.95	EXPRESS ANAL GLAND
1442	30.93	FLEATICK-IN HOSP
1444	80.98	ORAL PRGN BODY
1213	35.48	POST NATAL/HELPING ASSIST.
104	77.41	PROFESSIONAL SERVICES
1411	28.40	REPEAT LVO
1425	59.54	SOAP & WATER BATH
1448	40.74	TOENAIL TRIM

**INJECTIONS**

554	42.09	AMIKACIN
555	29.20	AMINOPHYLLINE
501	42.09	AMOXICILLIN
506	0.02	AMPICILLIN (MG)
582	6.83	ANZEMET(MG)
549	26.59	ATROPINE
670	46.07	BRETHINE/AMP
586	4.45	CALPHOSAN (ML)
515	0.01	CEFAZOLIN (MG)
519	0.07	CEFOXITIN (MG)
514	0.06	CEFTIOXIME (MG)
584	0.51	CERENA (MG)
555	42.09	CHLORPROMAZINE
645	0.13	CLINDAMYCIN (MG)
582	155.01	CORTOSYN (MAL)
210	0.00	DESPERAL (MG)
536	42.09	DEXAMETH SP
564	15.54	DEXTRORSE
526	42.09	DIPHENHYDRAMINE
520	0.05	DOBUTAMINE (MG)
521	0.14	DOPAMINE (MG)
822	0.54	DOKCYCLINE (MG)
511	0.17	ENROFLOXACIN (MG)
550	28.20	EPINEPHRINE
571	11.37	EXOTIC INJECTION
523	0.88	FAMOTIDINE (MG)
557	42.09	HYPERTONIC SALINE
502	42.09	INJECTION
505	42.79	INSULIN
542	28.15	INSULIN - REPEAT SHOTS
583	0.03	INSULIN DRIP/UNIT
546	14.86	ISUPREL (MG)
558	42.58	KETOPROFEN
541	42.39	LASIX
591	28.20	LIDOCAINE
528	0.01	LIDOCAINE DRIP (ML)
599	42.09	MANNITOL
595	42.09	METACAM
527	0.05	METH-PRED 500 (MG)
547	34.53	METOCLOPRAMIDE
580	0.07	METRONIDAZOLE(MG)
581	28.59	OXYTOCIN
548	0.23	PHENOBARBITL (MG)
534	0.22	PRN RSP R# (MG)
537	48.22	PROPRANLOL (AMP)
540	66.70	SEPTISERUM
503	12.00	TERBUTALINE (MG)
509	0.12	UNASYN (MG)
507	2.24	VASOPRESSINA/UNIT

When calculating an injection  
use 232.12 as the kg, lbs

**EMERGENCY ANIMAL CLINIC, PLC, 2260 WEST GLENDALE AVENUE, PHOENIX, AZ 85021**

IV CATHETER		OXYGEN THERAPY		SURGERY CONTINUED				
810	80.80	IV CATH/PLCMT	1207	13.76	NASAL OXYGEN (HOURLY)	325	172.36	THIRD EYELID FLAP
811	100.11	JUG CATH/PLCMT	1215	3.85	NEBULIZATION - 15 MIN	251	125.48	TRACHEOSTOMY
<b>SPECIMEN COLLECTION</b>		1216	6.59	NEBULZTN W/OZ -15 MN	345	637.19	TRAUM ABD HERNIA	
727	64.13	SPEC COLL BIOPSY	1219	46.59	NEBULIZATION W/ MEDS	339	637.19	TRAUM BLADDER RPR
714	39.76	SPEC COLL BLOOD	1206	35.79	OXYGEN (HOURLY)	349	1205.83	TRAUM DIAP HERNIA
738	22.83	SPEC COLL CENTERIS	1217	62.18	VENTILATOR W/OZ	339	893.11	TRAUM HEPAT RPR
<b>IN HOUSE LAB SERVICE</b>		<b>PHARMACY</b>		347	620.26	TRAUM THORACIC W/OZ		
732	51.89	ACID BASE/BLOOD GAS	600	21.15	DRUGS DISPENSED	<b>SUGERY SUPPLIES</b>		
738	257.97	ACTH STM	604	10.73	HOSP MED ADMIN	353	65.6	JACKSON-PRATT DRAIN
739	65.14	APT	601	12.44	OWN MEDS	317	79.63	OPER RM FEE
734	65.14	APTT	<b>RADIOLOGY</b>		311	63.12	PACK FEE MAJOR	
753	34.82	AZO	407	529.02	BARIUM SERIES	310	35.00	PACK FEE MINOR
753	92.90	BASIC PANEL	404	228.52	CONTRAST STUDY	312	79.87	PACK FEE OP-TH
702	34.82	BLD GLUC SCREEN	402	71.29	FOLLOW-UP VIEW	316	76.02	SURGICAL DISPOSALS
722	17.42	REPEAT BLD GLUCOSE	406	296.03	FP	<b>TUBE PLACEMENT</b>		
739	36.75	BLEEDING TIME	408	8.00	OTHER	1429	225.90	CHEST DRAIN
706	85.14	CBC	403	10.00	X-RAY COPY	1499	82.81	PEL BLDOR GATH
743	95.77	COAG PROFILE	401	173.01	X-RAY STUDY	1419	83.56	HEIMLICH DRAIN SYST
756	64.31	REPEAT PT/PTT	<b>SURGERY</b>		1405	48.47	K-9 BLDOR/CATH	
756	80.26	REPEAT PT/PTT/PLT CT	324	25.11	ABSCESS LANCE	1454	32.28	NASAL CATHETER
739	54.51	OHCM	349	259.23	AMPUTATION-DIGIT	1450	69.31	NASOGASTRIC
740	211.27	COMP PANEL	350	301.11	AMPUTATION-LIMB	1412	205.39	PERITONEAL CATHETER
790	26.68	CPL	349	209.20	AMPUTATION-TAIL	<b>WOUND CARE</b>		
721	61.79	CROSSMATCH	309	6.12	BITE WOUND REPRINR	395	53.55	WOUND FLUSH
711	42.50	CYTOTOLOGY	1459	185.36	CLOSED HIP REDUC.	310	36.16	WOUND PREP SM
730	48.21	D-DIMER	354	512.35	C-SECTION, D-25#	314	49.60	WOUND PREP MED
752	134.72	DIAGNOSTIC PANEL	356	547.00	C-SECTION, 25-50#	316	62.28	WOUND PREP LG
780	23.60	ERD TEST	356	580.20	C-SECTION, 51-75#	<b>NECROPSIES (U OF A)</b>		
718	84.34	ETHYL GLY TEST	357	650.78	C-SECTION, 76-#	782	385.10	AVIAN EXOTICS & PUPPES/KNITENS
728	52.48	FECAL FLT/DIR	1445	50.63	CUTAN FRGN BODY/15 min	783	417.00	CANINE LESS THAN 50 LBS
754	59.30	FE CROSSMATCH/BLD TYPE	340	690.70	CYSTOTOMY	784	446.76	CANINE 50 TO 100 LBS
755	55.59	FE BLOOD TYPE	308	52.50	DEEP TISSUE REPAIR	785	499.00	CANINE OVER 100 POUNDS LBS
742	103.93	FELINE PANEL	354	1907.00	DEHISCENCE, COMPL	790	389.10	FELINE
717	82.81	FelV TEST	362	1187.89	DEHISCENCE, MAJOR + 50#	<b>NECROPSIES (VET PATH SVC)</b>		
750	144.76	GENERAL PANEL	363	1377.06	DEHISCENCE, MAJOR + 50#	781	720.57	AVIAN EXOTICS
715	135.43	GROSS NECROPSY-IN HOUSE	339	720.67	DEHISCENCE, MINOR	791	720.57	FELINE
709	63.35	I STAT 8	320	400.90	DEHISCENCE, SKIN	782	720.57	CANINE + 10 LBS
729	14.53	KETONE SCREEN	1433	25.32	GAR FLUSH/CLEAN	793	737.00	CANINE 19-25 LBS
747	6.30	LACTATE	1401	332.02	HEMUNLUPT	794	864.67	CANINE 26-49 LBS
745	55.43	PICK 4 REPEAT PANEL	352	185.39	ENDOSCOPY-NON RETRIEVAL	797	936.73	CANINE 50-75 LBS
704	34.82	MULTISTK	301	699.47	ENTEROTOMY	798	1000.79	CANINE 78-100 LBS
719	82.81	PARVO CITE TEST	321	120.84	EPISOTOMY	795	1080.85	CANINE > 100 LBS
741	383.90	PARVO PANEL	1458	75.16	ESOPHAGOSTOMY	<b>AVS CHARGES-GILBERT ONLY</b>		
707	34.82	PCV & TP	322	300.75	EYE ENUCLEATION	1230	48.00	TIER ONE/OVERNIGHT
724	17.42	REPEAT PCWTP	344	861.11	FEL PERI URETH	1221	25.00	TIER ONE/24 HOURS
731	47.17	PLWKA	1432	52.35	FRGN BODY REMOVAL-EAR	1222	306.00	TIER TWO/OVERNIGHT
733	36.75	PLATELET EST	330	688.47	GASTROTOMY	1223	332.00	TIER TWO/24 HOURS
725	26.75	SALINE AGGLUT	1404	189.91	GASTROTOMY TUBE	1224	159.00	TIER THREE/OVERNIGHT
701	26.40	SERUM CHEM TEST	334	1031.44	GDV	1225	185.00	TIER THREE/24 HOURS
749	27.23	REPEAT SERUM CHEM	335	1205.83	GDV W/SPLENECTOMY	1226	24.00	BOARDING/OVERNIGHT
730	188.08	SNAKEBITE PANEL	332	861.11	INT RESCTN & ANST	1227	48.00	BOARDING/24 HOURS
713	55.14	URINALYSIS	366	52.86	IV CUT DOWN	<i>Fees change every year.</i>		
712	17.52	URINE 90	001A	50.68	LACER/STAPLE FEE			
758	83.86	VETSON DIAG ROTOR	301	120.84	LACER 0-1 IN			
757	69.93	VETSON PRE ANES PNL	302	156.06	LACER 0-1.5 IN			
708	50.49	WBC	303	206.36	LACER 0.5-1 IN			
737	167.53	COAG PANEL #2 (DEX)	304	241.59	LACER 0.5-1.5 IN			
797	188.88	COCCIVE CANIS PROFILE (DEX)	305	278.89	LACER 1.0-1.5 IN			
744	184.27	COMPRSHN FELINE (DEX)	306	315.80	LACER 1.5-2.0 IN			
746	97.00	HEALTH CHECK PROFILE (DEX)	307	344.74	LACER 2.0-2.5 IN			
710	9.00	OTHER	326	512.35	LAPAROTOMY 0-25#			
716	22.00	STAT FEE	327	598.69	LAPAROTOMY 26-50#			
<b>NUTRITIONAL THERAPY</b>		328	693.67	LAPAROTOMY 51-75#				
535	0.22	PROCAL AMINE (ML)	329	701.68	LAPAROTOMY 76# +			
605	41.97	VIVONEX TEN	337	861.31	NEPHRECTOMY			
<b>OTHER</b>		1444	80.99	ORAL FRGN BOD				
606	17.72	CARRIER	319	158.06	ADD-ON OVH			
1115	29.14	ELIZABETHAN COLLAR	341	851.11	PREPUBIC URETH			
111	100.70	HLTH CERT/IV	104	77.41	PROFESSIONAL SVCS			
110	60.42	HEALTH CERT	329	209.36	PROPTOSED GLOBE			
113	42.88	RABIES VACC. ONLY	350	512.35	PYCNETRA, 0-25#			
			359	547.00	PYCNETRA, 26-50#			
			360	600.20	PYCNETRA, 51-75#			
			301	650.76	PYCNETRA, 76-#			
			318	116.32	RECTAL PROLAPSE			
			343	672.47	SCRTL URETHANEUT			
			342	549.07	SCRTL URETHROSTOMY			
			336	735.62	SPLENECTOMY			

**EMERGENCY ANIMAL CLINIC, PLC, 2260 WEST GLENDALE AVENUE, PHOENIX, AZ 85021**

Terms: NET 30

Vendor Number: W000005542 X

Telephone Number: 602/995-3757

Fax Number: 602/864-2416

Contact Person: Jeanne E. Peters

E-mail Address: [jepeters@qwest.net](mailto:jepeters@qwest.net)

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2010.**

**CONTRACT AWARD EFFECTIVITY 03/13/08**