



CITY OF LAS VEGAS
1700 North Grand Avenue
Las Vegas, New Mexico 87701
Phone: (505) 454-1401 Fax: (505) 454-8027

PURCHASE ORDER

PO Number: 241060

Date: 12/06/2023

Request #: 401337

Vendor #: 02941

ISSUED TO: BRAINERD ANIMAL HEALTH CENTER
21 COUNTY RD A4A
SAPELLO, NM 87745

SHIP TO: CITY OF LAS VEGAS
Attn:ANIMAL CARE CENTER
1700 N GRAND AVE.
LAS VEGAS, NM 87701

Vendor Fax #: (505) 425-1704

| ITEM | UNITS | DESCRIPTION | PRICE | PROJ | GL ACCOUNT NUMBER | AMOUNT |
|------|-------|---|-------|------|-------------------|--------|
| 1 | 1 | EMERG. EXAM/RABIES/HEALTH CERT FOR SHELTER K9 INVOICE 38065 EMERGENCY PROCUREMENT | 67.50 | | 101-4900-710-7305 | 72.02 |

DEPARTMENT ORDER

Approved By:

Date:

12/7/2023

| | |
|------------------|-------|
| SUBTOTAL: | 67.50 |
| TAX: | 4.52 |
| SHIPPING: | 0.00 |
| TOTAL | 72.02 |

1. Original invoice plus one copy must be sent to: City of Las Vegas, 1700 North Grand Avenue, Las Vegas, NM 87701.
2. Payment may be expected within 30 days of receipt of goods, unless otherwise stated.
3. C.O.D. shipment will not be accepted.
4. Purchase Order numbers must appear on all shipping containers, packing slips and invoices. Failure to comply with the above request may delay payment.
5. All goods are to be shipped F.O.B. Destination unless otherwise stated.
6. All materials and services are subject to approval based on the description on the face of the purchase order or appendages thereof. Substitutions are not permitted without approval of the Requesting Department. Material not approved will be returned at no cost to the City.
7. All goods and equipment must meet or exceed all necessary city, state and federal standards and regulations.
8. Vendor or manufacturer bears risk of loss or damage until property received and/or installed.
9. Seller acknowledges that the buyer is an equal opportunity employer. Seller will comply with all equal opportunity laws and regulations that are applicable to it as a supplier of the buyer.
10. The City is exempt from all federal excise and state tax - ID# 85-6000149

Finance Dept. (505) 454-1401 FAX (505) 454-8027

Dept order

CITY OF LAS VEGAS REQUISITION FOR PURCHASE

401337

PURCHASE ORDER NO.: _____

REQUIREMENTS

CHECK APPROPRIATE BOX

DATE: 12/6/2023

PURCHASES INDER RESOLUTION #14-18 STATE PROCUREMENT CODE:

- ☐ \$0 TO \$19,999.99 Best Obtainable Price; Requires 3 telephoned, written, faxed or e-mailed quotes;
- ☐ \$20,000.00 TO \$59,999.99 Requires 3 written and signed quotes; (Goods or services)
- ☐ \$60,000.00 AND OVER Formal Process (Requires RFQ, RFP, RFB, etc.)
- ☐ BID NO.: _____ - _____ AWARDED: _____ / _____ / _____; CONTRACT NO.: _____ EXPIRES: _____ / _____ / _____
(RECORD BID NUMBER, AWARDED DATE, AND CONTRACT NUMBER ABOVE)
- ☐ SPD CONTRACT; SPD NO.: _____ EXPIRES: _____ / _____ / _____
- ☐ EXEMPT PURCHASE; Provide Section No.: _____
- ☐ GSA CONTRACT; GSA NO.: _____ - _____ EXPIRES: _____ / _____ / _____
- ☐ PROFESSIONAL SERVICES; _____
- ☐ SOLE SOURCE: REQUIRES DETERMINATION AND MUST BE POSTED ON CLV WEBSITE FOR 30 DAYS
PRIOR TO PROCURING GOODS AND/OR SERVICES.
- ☐ OTHER CITY CONTRACT: NO: _____ EXPIRES: _____ / _____ / _____
- ☒ EMERGENCY; _____ SECTIONS 13-1-127 STATE PRODUREMENT CODE

STATEMENT OF NEED: (Must Complete)

EMERGENCY EXAM NEEDED / TIME CONSTRAINTS / OTHER CLINCS WERE UNAVAILABLE

* IN COMPLIANCE WITH THE PROCUREMENT CODE # 14-18 THE FOLLOWING QUOTES WERE OBTAINED*

| DATE | NAME OF VENDOR | PHONE NUMBER | PERSON CONTACTED | PRICE QUOTED |
|------|----------------|--------------|------------------|--------------|
| | | | | |
| | | | | |
| | | | | |

(If needed, attach additional quote documentation to this requisition)

| LINE | QUANTITY | UNIT | DESCRIPTION | UNIT PRICE | SUB TOTAL |
|------|----------|------|--|------------|-----------|
| 1 | 1 | EACH | INVOICE 38065 K9 EXAM/RABIES/HEALTH CERT | 72.02 | 72.02 |
| 2 | | | | | - |
| 3 | | | | | - |
| 4 | | | | | - |
| 5 | | | | | - |
| 6 | | | | | - |
| 7 | | | | | - |
| 8 | | | | | - |
| 9 | | | | | - |
| 10 | | | | | - |
| 11 | | | | | - |
| | | | | | |
| | | | | | |

VENDOR: BRAINERD ANIMAL HEALTH CARE

TOTAL: \$ 72.02

ADDRESS:

NM CRS NO.:

FEDERAL TAX NO.:

I CERTIFY THAT THIS PURCHASE IS NECESSARY AND THAT THE REQUESTED ITEMS WILL BE PURCHASED AT THE LOWEST BID OR BEST OBTAINABLE PRICE.

BUDGET \$ 60,000.00

EXPENDED TO DATE \$ 47,462.66

CURRENT EXPENSE \$ 72.02

BALANCE \$ 12,465.32



SIGNATURE OF PERSON REQUESTING

101.4900.710.7305

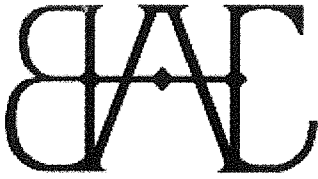
FUND DEPARTMENT ACTIVITY

APPROVED BY:  12/6/23 BUDGET AVAILABLE YES: _____ NO: _____

WHITE COPY: ACCOUNTS PAYABLE

YELLOW COPY: PURCHASING

PINK COPY: DEPARTMENT

**Brainerd Animal Health Center**

21 County Road A4A
Sapello, NM 87745
(505) 425-1108

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City Of Las Vegas Animal Shelt
1700 N. GRAND
LAS VEGAS, NM 87701

Client ID: 813

Invoice #: 38065

Date: 12/5/2023

() 425-7335

JMARQUEZ@CI.LAS-VEGAS.NM.US

| | | |
|-------------------|------------------|----------------------------------|
| Patient ID: 17846 | Species: Canine | Weight: 5.00 pounds |
| Patient Name: Roo | Breed: Chihuahua | Birthday: 12/04/2011 Sex: Female |

| | <u>Description</u> | <u>Staff Name</u> | <u>Quantity</u> | <u>Total</u> |
|--------------------------|------------------------|--------------------|-----------------|----------------|
| 12/5/2023 | EXAM WITH VACCINATIONS | Bill Brainerd, DVM | 1.00 | \$0.00 |
| | RABIES 3 YEAR | | 1.00 | \$20.00 T |
| | Health Cert | | 1.00 | \$47.50 T |
| Patient Subtotal: | | | | \$67.50 |

Instructions

Your Animal is due for a Rabies booster vaccination in 3 years from today.

Reminder

12/05/2026 RABIES 3 YEAR

| | |
|-----------------------|----------------|
| Invoice Total: | \$67.50 |
| NM Tax and Rev : | \$4.52 |
| Total: | \$72.02 |
| Balance Due: | \$72.02 |
| Previous Balance: | \$0.00 |
| Balance Due: | \$72.02 |

All Prescriptions called in before 11:30 AM will be available as of 1PM same day. All after 11:30 AM will be available next day.

STATE OF NEW MEXICO
EMERGENCY DETERMINATION FORM

The emergency procurement method (NMSA 1978, Section 13-1-127) may only be used when there exists a threat to public health, welfare, safety or property requiring procurement under emergency conditions. The existence of the emergency conditions creates an immediate and serious need for services, construction or items of tangible personal property that cannot be met through normal procurement methods and the lack of which would seriously threaten:

1. The functioning of government;
2. The preservation or protection of property; or
3. The health or safety of any person

I. Name of Agency: City of Las Vegas

Agency Chief Procurement Officer: Helen Vigil

Telephone Number: (505)454-1401

II. Name of Contractor: Brainerd Animal Health Center

Address of Contractor: 21 County Rd A4A, NM 87745

Amount of prospective contract: \$67.50

Term of prospective contract: Payment of invoice

III. Please thoroughly list the services (scope of work), construction or items of tangible personal property of the contract: A dog required a health certificate rabies vaccine prior to being transferred to a rescue.

IV. Provide an explanation for the justification of the procurement including a description of the emergency condition(s) requiring use of emergency procurement and the practicable completion utilized in compliance with NMSA 1978, Section 13-1-127. The veterinarian administered a rabies vaccine and health certificate for the dog.

V. Please describe what measures are being taken to minimize the duration and effect of this particular emergency procurement (for example: is the emergency only in place until a competitive process can be completed, etc.). We will only utilize this form of procurement when the situation deems it to be urgent. The ACC Manager deemed this situation urgent because we do not have an open purchase order with this vet clinic, but service was required for shelter operations and other clinics were unavailable.

VI. Describe what measures the Agency will take in the future to prevent/mitigate use of an emergency procurement under similar circumstances. The ACC is working on obtaining new POs for numerous veterinary clinics for the new fiscal

year and will primarily utilize those clinics, unless they are unable to accommodate in urgent situations.

Elias Ravel^{for} Chief of Police 12-6-23
Director's Signature Title Date

Certified by:

[Signature]
Agency Chief Procurement Officer

12/6/2023
Date

Agency Approval by:

[Signature] Deputy Finance Director 12/6/23
Governmental Entity Head or Designee Title Date