CITY OF LAS VEGAS



PO Number: 230951 Date: 11/15/2022

Request #: 301264 Vendor #: 02941

ISSUED TO: BRAINERD ANIMAL HEALTH CENTER

21 COUNTY RD A4A SAPELLO, NM 87745

City of Las Vegas SHIP TO:

Attn:Police Department 318 Moreno Street Las Vegas, NM 87701

PURCHASE ORDER

Vendor Fax #: (505) 425-1704

ITEM	UNITS	DESCRIPTION	PRICE	PROJ	GL ACCOUNT NUME	BER	AMOUNT
1	1	EMERGENCY VETERINARY SERVICES NEEDED ASAP INVOICE 34000 EMERGENCY PURCHASE FOR ANIMAL CA	196.77 ARE		101-4900-710-	7305	196.77
	y - 11	DEPARTMENT ORDER					
					SUBTOTAL:		196.77
Approved By:		Date:	1/17/2022		TAX:		0.00
			11.11.00		SHIPPING:		0.00
		<u> </u>					
		-			TOTAL		196.77

- 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
- 10. The City is exempt from all federal excise and state tax ID# 85-6000149

1 60	CI	TY OF I	AS VEGAS RE	QUISITION	FOR PURCE	IASE	
20	12/2/		DLIDCLIAC	E ODDED NO			
REOUIE	EMENTS		CHECK APPROPI	E ORDER NO.: RIATE BOX	DATE		L/15/2022
		IITION #1/	-18 STATE PROCUR			1.	1/15/2022
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_			3 written and signed o			nea quotes,	
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	(REC	ORD BID N	UMBER, AWARDED	DATE, AND CON	TRACT NUMBE	R ABOVE)	
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DATE	NAME OF VE	NDOR	PHONE NUMBE	ER PERSON C	CONTACTED	PRI	CE QUOTED
		40040-400-400-400-400-400-400-400-400-4					
			d, attach additional qu			T DDY CE	
LINE	QUANTITY	UNIT		CRIPTION		T PRICE	SUB TOTAL
2	1	EACH	INVOICE 34000 EMERGEN	ICY VETERINARY SERVIO	CE	196.77	196.77
3							
4							-
5							-
7							-
9							-
10							
11							-
VENDOR:	BRAINERD A	NIMAL HEALT	TH CENTER	TC	OTAL: \$		196.77
ADDRESS:					·		
NM CRS N	0.:			FEDERAL TA	X NO.:		
I CERTIFY T	HAT THIS PURCE	HASE IS NEC	CESSARY AND THA	THE REOUESTE	D ITEMS WILL B	E PURCHAS	ED AT THE
	OR BEST OBTAI			TILLIEQUEUTE	DITEMO WILL D	> -	
BUDGET \$							
EXPENDED TO DATE \$ 44,827.95 SIGNATURE OF PERSON REQUESTING							
CLIDDENIT EVDENISE ¢ 196.77							
BALANCE \$ 15,525.28 101.4900.710.7305							
	-			FUND	DEPARTM	IENT	ACTIVITY
APPROVED	BY:	71	Inin	BUDGET	AVAILABLE	YES:	NO:
	HITE COPY: ACCOU	NTS PAVARIE	YELLO	W COPY: PURCHASI	NG PI	NK COPY: DEI	PARTMENT =
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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 Road A4A Amount of prospective contract:196.27

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: Three dogs presented with aggressive behaviors and were deemed a danger to the public and the staff at the Animal Care Center.
- 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 provided euthanasia services for three dogs. The veterinary clinics that the ACC has POs with were not open and the euthanasia services were needed as soon as possible.
- 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 all other veterinary offices in town with POs were closed and euthanasia services were urgently needed.
- VI. Describe what measures the Agency will take in the future to prevent/mitigate use of an emergency procurement under similar circumstances. The ACC has POs

for numerous veterinary clinics and will utilize those clinics first, unless they are unable to accommodate these urgent situations.

Alater	Chief of Police	11-15-2022
Director's Signature	Title	Date
Certified by: Agency Chief Procurement Of	ficer	11/17/2022 Date
Agency Approval by:	Departy Finance	Director 11/17/27
Governmental Entity Head or	Designee 'Title	Date `



AT.

Brainerd Animal Health Center

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

City Of Las Vegas Animal Care Center 1700 NORTH GRAND LAS VEGAS, NM 87701 Client ID:

93

Invoice #:

34000

Date:

11/15/2022

(505) 426-3289

Patient ID: 16132 Patient Name: Dogs (4)		Species: Canine	Weight:	
		Breed: Unknown	Birthday: 00/00/0000	Sex: Male
	<u>Description</u>	Staff Name	Quantity	<u>Total</u>
11/15/2022	Euthanasia Solution hazmat fee 18 1/2ml syringe EUTHANASIA SMALL A	Bill Brainerd, I	0VM 34.00 1.00 1.00 3.00 Patient Subtotal:	\$0.00 \$2.00 T \$1.00 T \$180.00 T
			Invoice Total:	\$183.00
			NM Tax and Rev :	\$13.27
			Total:	\$196.27
			Balance Due:	\$196.27
			Previous Balance:	\$0.00
			Balance Due:	\$196.27