



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: 231209

Date: 01/26/2023

Request #: 301618

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	HEALTH CERTIFICATES NEEDED FOR OUT OF STATE TRANSFERS 13-1-127	96.53		101-4900-710-7108	96.53

DEPARTMENT ORDER

Approved By:

Date:

1/31/2023

SUBTOTAL:	96.53
TAX:	0.00
SHIPPING:	0.00
TOTAL	96.53

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

CITY OF LAS VEGAS REQUISITION FOR PURCHASE

301618

1/26/2023

PURCHASE ORDER NO.:

REQUIREMENTS

CHECK APPROPRIATE BOX

DATE:

1/26/2023

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 PURCHASE FOR ANIMAL ADOPTIONS @ ACC

* 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	EMERGENCY INVOICE 34719	96.53	96.53
2	96.53	96.53			
3					
4					-
5		-			-
6		-			-
7		-			-
8		-			-
9		-			-
10		-			-
11		-			-

VENDOR: BRAINERD ANIMAL HEALTH CENTER

TOTAL: \$

96.53

ADDRESS:

NM CRS NO.:

~~96.53~~

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 \$ 60,580.00
EXPENDED TO DATE \$ 45,024.22
CURRENT EXPENSE \$ 96.53
BALANCE \$ 15,459.25

SIGNATURE OF PERSON REQUESTING

101.4900.710.7108

FUND

DEPARTMENT

ACTIVITY

APPROVED BY:

BUDGET AVAILABLE

YES:

NO:

WHITE COPY: ACCOUNTS PAYABLE

YELLOW COPY: PURCHASING

PINK COPY: DEPARTMENT

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 Sapello, NM

Amount of prospective contract: \$96.53


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: Health certificates for multiple puppies to be transferred to another rescue in Colorado.

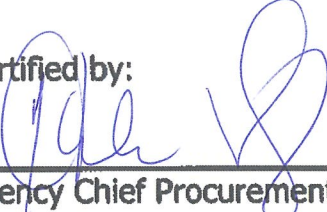
IV. Provide an explanation for the justification of the procurement including a description of the emergency condition(s) requiring use of emergency procurement and the practicable completion utilized in compliance with NMSA 1978, Section 13-1-127. The veterinarian provided health certificates for multiple puppies to be transferred across state lines.

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 unable to accommodate us on such short notice.

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/last minute situations.




Director's Signature Chief of Police 1-30-2023
Title Date

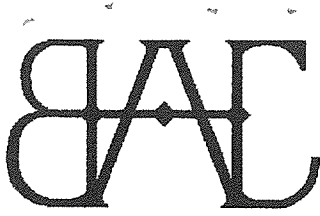
Certified by: 

Agency Chief Procurement Officer 1/30/2023
Date

Agency Approval by:

 Deputy Finance Director 1/31/22

Governmental Entity Head or Designee Title Date

**Brainerd Animal Health Center**

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

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

Client ID: 93
Invoice #: 34719
Date: 1/26/2023
(505) 426-3289

Patient ID: 16416	Species: Canine	Weight:		
Patient Name: Puppies	Breed: Mixed	Birthday: 00/00/0000	Sex: Unknown	
	Description	Staff Name	Quantity	Total
1/26/2023	RABIES 1 YEAR	Bill Brainerd, DVM	1.00	\$20.00 T
Patient Subtotal:				\$20.00

Instructions

Your animal is due for a Rabies Booster Vaccination 1 yr from today.

Reminder

01/26/2024 RABIES 3 YEAR

Patient ID: 16424	Species: Canine	Weight:		
Patient Name: Puppy	Breed: Queensland Heeler Mix	Birthday: 11/26/2022	Sex: Undetermined	
	Description	Staff Name	Quantity	Total
1/26/2023	RABIES 1 YEAR	Bill Brainerd, DVM	1.00	\$20.00 T
	HEALTH CERT SMALL ANIMAL		1.00	\$50.00 T
Patient Subtotal:				\$70.00

Instructions

Your animal is due for a Rabies Booster Vaccination 1 yr from today.

Reminder

01/26/2024 RABIES 3 YEAR

Invoice Total:	\$90.00
NM Tax and Rev :	\$6.53
Total:	\$96.53
Balance Due:	\$96.53
Previous Balance:	\$0.00
Balance Due:	\$96.53

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.