



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: 230630

Date: 09/09/2022

Request #: 300851

Vendor #: 00053

ISSUED TO: ANIMAL CARE CLINIC
100 MILLS AVE.
LAS VEGAS, NM 87701

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

Vendor Fax #: (505) 454-9656

ITEM	UNITS	DESCRIPTION	PRICE	PROJ	GL ACCOUNT NUMBER	AMOUNT
1	1	EMERGENCY PO MEDICAL TREATMENT IN COLORADO INVOICE 09062022 CANINE for clearance to CO EMERGENCY PROCUREMENT 13-1-127	198.66		101-4900-710-7305	198.66

DEPARTMENT ORDER

Approved By:

Date: 9/13/2022

SUBTOTAL:	198.66
TAX:	0.00
SHIPPING:	0.00
TOTAL	198.66

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

PURCHASE ORDER NO.:

300851

REQUIREMENTS

CHECK APPROPRIATE BOX

DATE:

9/9/2022

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 INVOICING FOR ANIMAL CARE CENTER - REQUIREMENTS TO TRANSFER PET TO COLORADO FOR TREATMENT

* 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 09062022 / canine /	198.66	198.66
2					-
3					-
4					-
5					-
6					-
7					-
8					-
9					-
10					-
11					-

VENDOR: ANIMAL CARE CLINIC

TOTAL: \$

198.66

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 \$ 60,550.00
EXPENDED TO DATE \$ 43,511.19
CURRENT EXPENSE \$ 198.66
BALANCE \$ 16,840.15

SIGNATURE OF PERSON REQUESTING

101.4900.710.7305

FUND

DEPARTMENT

ACTIVITY

APPROVED BY: DChang

9/12/2022

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: Animal Care Clinic

Address of Contractor: 100 Mills Ave. Las Vegas, NM 87701

Amount of prospective contract: \$198.66

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 was confirmed to be diabetic and needed a health certificate to be transferred to a rescue in Colorado where she could receive treatment as soon as possible.

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 examined the dog to ensure she did not have other health concerns and administered a rabies vaccine and heartworm test (both required to transfer an animal into Colorado).

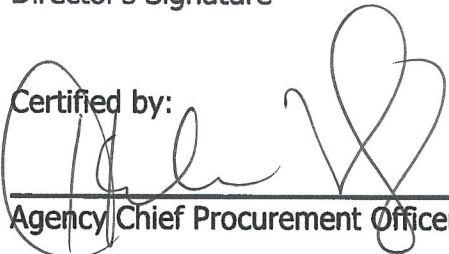
V. Please describe what measures are being taken to minimize the duration and effect of this particular emergency procurement (for example: is the emergency only in place until a competitive process can be completed, etc.). We will only utilize this form of procurement when the situation deems it to be urgent.

VI. Describe what measures the Agency will take in the future to prevent/mitigate use of an emergency procurement under similar circumstances. The ACC Manager is seeking veterinary care services to oversee all animal care services necessary for the Animal Care Center.

2015 Emergency Form



Director's Signature Chief of Police 9-9-2022
Title Date

Certified by: 

Agency Chief Procurement Officer 9/12/2022
Date

Agency Approval by:



Governmental Entity Head or Designee Deputy Finance Director 9/12/2022
Title Date

INVOICE

Animal Care Clinic

100 Mills Ave.
Las Vegas, NM 87701
505-454-0117

"YOU CAN COUNT ON US TO CARE"

FOR: Las Vegas Animal Center
1680 North Grand
Las Vegas, NM 87701

Printed: 09-06-22 at 8:39a
Date: 09-06-22
Folder: 21763
Invoice: (open)

Date	For	Qty	Description	Net Price	
Services by Dr Terry Jantzen					
09-06-22	Dogs	1	Health Certificate (SA)*	58.00	
09-06-22		1	Rabies Canine 1 Year*	21.60	
	Rabies vaccine is given SQ in the right rear leg.				
09-06-22		1	Canine Heartworm Antigen Test (In House)*	40.50	
09-06-22		3	Strongid (Pyrantel Pamoate)*	5.38	
Old balance		Charges	Tax	Payments	New balance
62.80		125.48	*10.38	0.00	198.66

Doctor's Instructions

Strongid (Pyrantel Pamoate)
Repeat Dose in two weeks.

Reduced cost vaccination clinic on Thursdays from 8:30 am to 1 pm. Vaccines given by a
Veterinary Nurse. Call 505-454-0117 for an appointment.