



**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:** 241589

**Date:** 04/05/2024

**Request #:** 402060

**Vendor #:** 02941

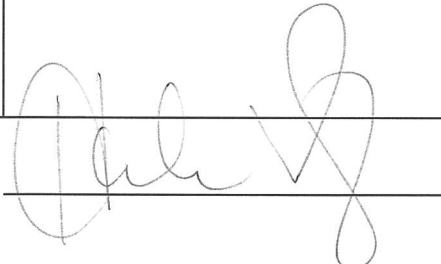
**ISSUED TO:** BRAINERD ANIMAL HEALTH CENTER  
 21 COUNTY RD A4A  
 SAPELLO, NM 87745

**SHIP TO:** City of Las Vegas  
 Attn: Police Department  
 318 Moreno Street  
 Las Vegas, NM 87701

**Vendor Fax #:** (505) 425-1704

ITEM	UNITS	DESCRIPTION	PRICE	PROJ	GL ACCOUNT NUMBER	AMOUNT
1	1	EMERG. PO FOR ACC EUTHANASIA 3/8/24 INV. 39194 EMERGENCY PURCHASE	419.34		101-4900-710-7305	419.34

DEPARTMENT ORDER

Approved By: 

Date: 4/9/2024

<b>SUBTOTAL:</b>	419.34
<b>TAX:</b>	0.00
<b>SHIPPING:</b>	0.00
<b>TOTAL</b>	419.34

- Original invoice plus one copy must be sent to: City of Las Vegas, 1700 North Grand Avenue, Las Vegas, NM 87701.
- Payment may be expected within 30 days of receipt of goods, unless otherwise stated.
- C.O.D. shipment will not be accepted.
- Purchase Order numbers must appear on all shipping containers, packing slips and invoices. Failure to comply with the above request may delay payment.
- All goods are to be shipped F.O.B. Destination unless otherwise stated.
- 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.
- All goods and equipment must meet or exceed all necessary city, state and federal standards and regulations.
- Vendor or manufacturer bears risk of loss or damage until property received and/or installed.
- 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.
- The City is exempt from all federal excise and state tax - ID# 85-6000149

Dept ORDER

# CITY OF LAS VEGAS REQUISITION FOR PURCHASE

402060

PURCHASE ORDER NO.:

Open PO  
REQUIREMENTS

CHECK APPROPRIATE BOX

DATE:

4/5/2024

### 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 PO FOR ANIMAL CARE CENTER NEEDED MARCH 8, 2024

\* 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 39194 EUTHANASIA (3 EACH)	419.3400	419.34
2					-
3					-
4					-
5					-
6					-
7					-
8					-
					-
					-
					-
					-

VENDOR: BRAINERD ANIMAL HEALTH CENTER TOTAL: \$ 419.34

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 \$ 54,364.68  
 CURRENT EXPENSE \$ 419.34  
 BALANCE \$ 5,215.98

SIGNATURE OF PERSON REQUESTING

101.4900.710.7305

FUND DEPARTMENT ACTIVITY

APPROVED BY: *[Signature]* 4/5/24 BUDGET AVAILABLE YES: \_\_\_\_\_ NO: \_\_\_\_\_



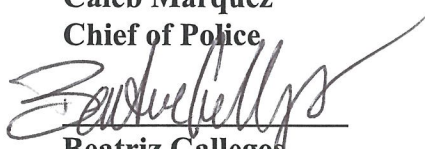


City of Las Vegas  
Animal Care Center  
1680 N. Grand Ave. \*Las Vegas, New Mexico 87701 \* PH# (505) 426-3289



## MEMORANDUM

**TO:** Caleb Marquez  
Chief of Police

**FROM:**   
Beatriz Gallegos  
Animal Care Manager

**DATE:** April 3, 2024

**RE: Emergency Purchase**

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I am writing to notify you that the Emergency Purchase Form I have submitted is from a service rendered on March 8, 2024.

We were unable to submit this sooner as Brainerd Animal Health Center was unable to send the invoice to us until this week.

Please see the attached Emergency Determination Form and invoice from Brainerd Animal Health Center.

If you have any questions or concerns, feel free to contact me by phone at 505-426-3289 or by email at [bgallegos@lasvegasnm.gov](mailto:bgallegos@lasvegasnm.gov).

Thank you.

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

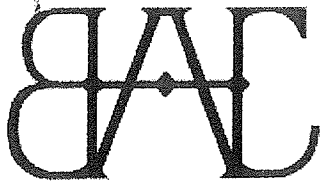
II. Name of Contractor: Brainerd Animal Health Center  
Address of Contractor: 21 County Road A4A, Sapello, NM 87745  
Amount of prospective contract: \$419.34  
Term of prospective contract: Payment of invoice

III. Please thoroughly list the services (scope of work), construction or items of tangible personal property of the contract: Euthanasia of three aggressive dogs.

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. Three dogs attacked and killed another dog. The dogs needed to be euthanized immediately as they could not be safely housed at the animal shelter due to their aggression toward other animals. None of the veterinarians we have POs with were available to perform the euthanasias in a timely manner.

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 veterinary services were required to provide humane euthanasia to these animals.





**Brainerd Animal Health Center**

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

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

Client ID: 813

Invoice #: 39194

Date: 3/8/2024

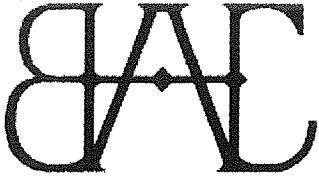
( ) 425-7335

JMARQUEZ@CI.LAS-VEGAS.NM.US

Patient ID: 1656	Species: Canine	Weight:
Patient Name: Dog	Breed: Other Canine	Birthdate: 00/00/0000 Sex: Undetermined

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
3/8/2024	Butorphanol per ML	Bill Brainerd, DVM	1.00	\$0.00
	DEXDOMITOR 10 ML INJ SOLUT/ML		0.20	\$0.00
	KETAMINE		1.50	\$0.00
	18 1/2ml syringe		1.00	\$1.00 T
	hazmat fee		1.00	\$2.00 T
	small animal light sedation		1.00	\$25.00 T
	Euthanasia Solution		15.00	\$0.00
	hazmat fee		1.00	\$2.00 T
	18 1/2ml syringe		1.00	\$1.00 T
	EUTHANASIA SMALL ANIMAL		1.00	\$100.00 T
	Butorphanol per ML		1.00	\$0.00
	DEXDOMITOR 10 ML INJ SOLUT/ML		0.20	\$0.00
	KETAMINE		1.50	\$0.00
	18 1/2ml syringe		1.00	\$1.00 T
	hazmat fee		1.00	\$2.00 T
	small animal light sedation		1.00	\$25.00 T
	Euthanasia Solution		30.00	\$0.00
	hazmat fee		1.00	\$2.00 T
	18 1/2ml syringe		1.00	\$1.00 T
	EUTHANASIA SMALL ANIMAL		1.00	\$100.00 T
	Butorphanol per ML		1.00	\$0.00
	DEXDOMITOR 10 ML INJ SOLUT/ML		0.20	\$0.00
	KETAMINE		1.50	\$0.00
	18 1/2ml syringe		1.00	\$1.00 T
	hazmat fee		1.00	\$2.00 T
	small animal light sedation		1.00	\$25.00 T
	Euthanasia Solution		15.00	\$0.00
	hazmat fee		1.00	\$2.00 T
	18 1/2ml syringe		1.00	\$1.00 T
	EUTHANASIA SMALL ANIMAL		1.00	\$100.00 T
	<b>Patient Subtotal:</b>			<b>\$393.00</b>

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.



**Brainerd Animal Health Center**

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

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

Client ID: 813

Invoice #: 39194

Date: 3/8/2024

( ) 425-7335

JMARQUEZ@CI.LAS-VEGAS.NM.US

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<b>Invoice Total:</b>	<b>\$393.00</b>
NM Tax and Rev :	\$26.34
Total:	\$419.34
Balance Due:	\$419.34
Previous Balance:	\$0.00
<b>Balance Due:</b>	<b>\$419.34</b>