



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: 231582

Date: 04/19/2023

Request #: 302128

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	WOUND TREATMENT FOR INJURED SHELTER DOG EMERGENCY PO 13-1-127	237.11		101-4900-710-7305	237.11

DEPARTMENT ORDER

Approved By:

Date:

4/26/2023

SUBTOTAL:	237.11
TAX:	0.00
SHIPPING:	0.00
TOTAL	237.11

- 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

CITY OF LAS VEGAS REQUISITION FOR PURCHASE

302128

PURCHASE ORDER NO.: _____

REQUIREMENTS

CHECK APPROPRIATE BOX

DATE: 4/20/2023

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)

WOUND TREATMENT FOR INJURED SHELTER DOG

* 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	WOUND TREATMENT FOR INJURED SHELTER DOG	237.11	237.11
2			INVOICE 35567		-
3					-
4					-
5					-
6					-
7					-
8					-
9					-
10					-
11					-


VENDOR: **BRAINERD ANIMAL CENTER** **TOTAL: \$** **237.11**

ADDRESS:

NM CRS NO.: **FEDERAL TAX NO.:**

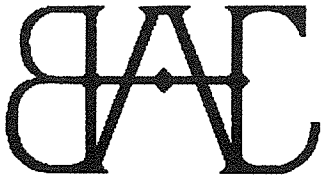
I CERTIFY THAT THIS PURCHASE IS NECESSARY AND THAT THE REQUESTED ITEMS WILL BE PURCHASED AT THE LOWEST BID OR BEST OBTAINABLE PRICE.

BUDGET \$ 75,550.00
 EXPENDED TO DATE \$ 50,024.22
 CURRENT EXPENSE \$ 237.11
 BALANCE \$ 25,288.67


 SIGNATURE OF PERSON REQUESTING
 101.4900.710.7305

FUND DEPARTMENT ACTIVITY

APPROVED BY: T. Chan 4/24/23 BUDGET AVAILABLE YES: _____ NO: _____



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 #: 35567
Date: 4/17/2023
(505) 426-3289

Patient ID: 16825	Species: Canine	Weight: 59.00 pounds
Patient Name: Astro	Breed: Pointer Mix	Birthday: 04/17/2021 Sex: Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/17/2023	EXAM PRE OP	Bill Brainerd, DVM	1.00	\$28.00 T
	Small Animal Sedation		1.00	\$60.00 T
	Butorphanol per ML		0.60	\$0.00
	DEXDOMITOR 10 ML INJ SOLUT/ML		0.25	\$0.00
	TELAZOL INJ BOTTLE 100ML		0.30	\$0.00
	hazmat fee		1.00	\$2.00 T
	18 1/2ml syringe		2.00	\$2.00 T
	TREATMENT PER MIN		30.00	\$90.00 T
	Bandaging		1.00	\$20.00 T
	AMOXICILLAN CAP 500MG per capsule		14.00	\$20.00 T
		Patient Subtotal:		\$222.00
		Invoice Total:		\$222.00
		NM Tax and Rev :		\$16.11
		Total:		\$238.11
		Balance Due:		\$238.11
		Previous Balance:		\$0.00
		Balance Due:		\$238.11



June Tafoya <jcordova@lasvegasnm.gov>

Emergency Determination Form


1 message

Beatriz Gallegos <bgallegos@lasvegasnm.gov>
To: June Tafoya <jtafoya@lasvegasnm.gov>

Mon, Apr 17, 2023 at 4:53 PM

The City of Las Vegas values responsiveness and commits to respond to all email and phone calls within 24 hours

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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 Sapello, NM

Amount of prospective contract: \$238.11


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: Wound treatment for a dog in the shelter.


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 performed surgery on a severed/broken toe and prescribed antibiotics.

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.

 Chief of Police 4-20-2023
Director's Signature Title Date

Certified by:  4/24/2023
Agency Chief Procurement Officer Date

Agency Approval by:
 Deputy Finance Director 4/23/23
Governmental Entity Head or Designee Title Date