



**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	238.11		101-4900-710-7305	238.11
2	1	WOUND RE-CHECK/RE-BANDAGE	138.36		101-4900-710-7305	138.36

**UPDATE**

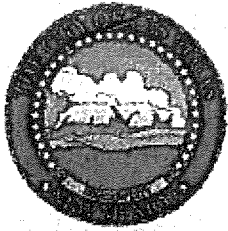
**Approved By:**

**Date:**

5/4/2023

<b>SUBTOTAL:</b>	376.47
<b>TAX:</b>	0.00
<b>SHIPPING:</b>	0.00
<b>TOTAL</b>	376.47

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



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1	1	WOUND TREATMENT FOR INJURED SHELTER DOG EMERGENCY PO 13-1-127	237.11		101-4900-710-7305	237.11
2	1	Wound recheck  Helen 5-1-2023 please update/increase PO for a follow up visit - thank you June  DChery 5/4/23	<del>237.11</del> 138.36		101-4900-710- 7305	<del>237.11</del> 138.36
						376.47

Approved By:

Date: 4/26/2023

SUBTOTAL:	237.11
TAX:	0.00
SHIPPING:	0.00
<b>TOTAL</b>	<b>237.11</b>

- Original invoice plus one copy must be sent to: City of Las Vegas, 1700 North Grand Avenue, Las Vegas, NM 87701.
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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: \$138.36

Term of prospective contract: Payment of invoice

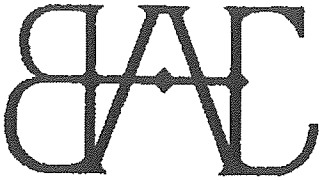
III. Please thoroughly list the services (scope of work), construction or items of tangible personal property of the contract: Follow up wound treatment for a dog in the shelter with the vet who originally provided medical care for the dog.

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 a recheck on the wound previously treated and rebandaged the wound.

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.





**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 #: 35663  
Date: 4/24/2023  
(505) 426-3289

Patient ID: 16625	Species: Canine	Weight: 57.00 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>
4/24/2023	EXAM RECHECK	Bill Brainerd, DVM	1.00	\$40.00 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		0.25	\$0.00
	hazmat fee		1.00	\$2.00 T
	18 1/2ml syringe		2.00	\$2.00 T
	Bandaging		1.00	\$25.00 T
		<b>Patient Subtotal:</b>		<b>\$129.00</b>
		<b>Invoice Total:</b>		<b>\$129.00</b>
		NM Tax and Rev :		\$9.36
		Total:		\$138.36
		Balance Due:		\$138.36
		Previous Balance:		\$238.11
		<b>Balance Due:</b>		<b>\$376.47</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.