



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: 230494
Request #: 300678

Date: 08/19/2022
Vendor #: 02941

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

SHIP TO: City of Las Vegas
 Attn:Purchasing Department
 1700 N. Grand Avenue
 Las Vegas, NM 87701

Vendor Fax #: (505) 425-1704

ITEM	UNITS	DESCRIPTION	PRICE	PROJ	GL ACCOUNT NUMBER	AMOUNT
1	1	INVOICE 33027 FOR ANIMAL CARE CENTER EMERGENCY 13-1-127	67.57		101-4900-710-7305	67.57

DEPARTMENT ORDER

Approved By: _____

Date: 8/19/2022

SUBTOTAL:	67.57
TAX:	0.00
SHIPPING:	0.00
TOTAL	67.57

- 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

300678

PURCHASE ORDER NO.: _____

REQUIREMENTS

CHECK APPROPRIATE BOX

DATE: 8/18/2022

PURCHASES UNDER 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 PROCUREMENT CODE

STATEMENT OF NEED: (Must Complete)

EMERGENCY INVOICING FOR ANIMAL CARE CLINIC *Center*

* 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 33027 / CANINE/SHIH-TZU MIX	67.57	67.57
2					-
3					-
4					-
5					-
6					-
7					-
8					-
9					-
10					-
11					-

VENDOR: BRAINERD ANIMAL HEALTH CENTER **TOTAL: \$** 67.57

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 \$ 50,550.00
 EXPENDED TO DATE \$ 1,494.06
 CURRENT EXPENSE \$ 67.57
 BALANCE \$ _____

[Signature]
 SIGNATURE OF PERSON REQUESTING

APPROVED BY: *[Signature]* FUND _____ DEPARTMENT _____ ACTIVITY _____
 BUDGET AVAILABLE YES: _____ NO: _____

**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 Rd. A4A Sapello, NM 87745

Amount of prospective contract: \$67.57

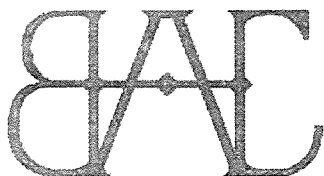
Term of prospective contract: Payment of invoice

III. Please thoroughly list the services (scope of work), construction or items of tangible personal property of the contract: A senior dog was brought in to the Animal Care Center. He was unable to walk and was urinating and defecating on himself. He was in immense pain and was suffering from being in very poor health.

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 dog was humanely euthanized to end his suffering.

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/will seek veterinary care services to oversee all animal care services necessary for the Animal Care Center.



Brainerd Animal Health Center

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

Community Development Las Vegas Animal
1700 NORTH GRAND
LAS VEGAS, NM 87701

Client ID: 93
Invoice #: 33027
Date: 8/17/2022
(505) 470-7351

Patient ID: 15677	Species: Canine	Weight:
Patient Name: Sparky	Breed: Shih Tzu Mix	Birthdate: 08/17/2010 Sex: Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
8/17/2022	Euthanasia Solution	Bill Brainerd, DVM	4.00	\$0.00
	hazmat fee		1.00	\$2.00 T
	18 1/2ml syringe		1.00	\$1.00 T
	EUTHANASIA SMALL ANIMAL		1.00	\$60.00 T
		Patient Subtotal:		\$63.00
		Invoice Total:		\$63.00
		NM Tax and Rev :		\$4.57
		Total:		\$67.57
		Balance Due:		\$67.57
		Previous Balance:		\$0.00
		Balance Due:		\$67.57