



COLLIN COUNTY

Supplies: Veterinary and Animal Care

IFB 2017-074

**Jennifer Turner
Jack Hatchell Administration Building
2300 Bloomdale Road, Ste. 3160
McKinney, TX 75071**

**(P) 972-548-4124 (F) 972-548-4694
jturner@collincountytexas.gov**

Collin County exclusively uses IonWave Technologies, Inc. ([Collin County eBid](#)) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means.

LEGAL NOTICE

By order of the Commissioners' Court of Collin County, Texas, sealed bids will be received by the Purchasing Agent, located at: 2300 Bloomdale Drive, Suite 3160, McKinney, TX 75071, until **2:00 P.M., January 5, 2017**, for competitive bids for **Supplies: Veterinary and Animal Care, IFB No. 2017-074**. Bidders should submit unit pricing. Funds for payment have been provided through Collin County budget approved by the Commissioners' Court for this fiscal year only. Bidders may obtain detailed specifications and other documents at Office of the Purchasing Agent: Collin County Administration Building, Purchasing Department, 2300 Bloomdale Drive, Suite 3160, McKinney, TX 75071, 972-548-4165, or by going to: www.ionwave.net. Sealed bids will be opened on **Thursday, January 5, 2017, at 2:00 P.M.** by the Purchasing Agent, located at the Collin County Administration Building, Purchasing Department, 2300 Bloomdale Drive, Suite 3160, McKinney, TX 75071. The Commissioners' Court reserves the right to reject any and all bids.

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ATTENTION: CLASSIFIEDS
BILL TO: ACCOUNT NO 06100315-00
COMMISSIONERS' COURT

NOTICE TO PUBLISHERS: Please publish in your issue on **Thursday, December 22, 2016** and **Thursday, December 29, 2016**. A copy of this notice and the publishers' affidavit must accompany the invoice when presented for payment.

NEWSPAPER: Plano Star Courier
DATE: December 20, 2016
FAX: 972-529-1684

Collin County, Texas

Bid Information

Bid Owner Jennifer Turner Buyer II
Email jturner@co.collin.tx.us
Phone (972) 548-4124
Fax (972) 548-4694

Bid Number 2017-074
Title Supplies: Veterinary and Animal Care
Bid Type IFB
Issue Date 12/20/2016
Close Date 1/5/2017 02:00:00 PM (CT)

Contact Information

Address 2300 Bloomdale Rd.
Ste. 3160
McKinney, TX 75071

Contact Jennifer Turner Buyer II
Department Purchasing
Building Admin. Building
Floor/Room Ste.3160
Telephone (972) 548-4124
Fax (972) 548-4694
Email jturner@co.collin.tx.us

Ship to Information

Address 4750 Community Ave.
McKinney, TX 75071

Contact Misty Brown
Department Animal Services
Building Animal Services
Floor/Room
Telephone
Fax
Email

Supplier Information

Company Name _____
Contact Name _____
Address _____

Telephone _____
Fax _____
Email _____

Supplier Notes

The undersigned hereby certifies the foregoing bid submitted by the company listed below hereinafter called "bidder" is the duly authorized agent of said company and the person signing said bid has been duly authorized to execute same. Bidder affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this bid in collusion with any other bidder or other person or persons engaged in the same line of business; and that the contents of this bid as to prices, terms and conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

Signature _____ Date ____ / ____ / ____

Bid Notes

Listed are representative of minimum specifications. If you are bidding an alternate item select "Add Alternate" for that line item and place your bid in the space provided.

Bid Activities

Date	Name	Description
12/30/2016 05:00 PM (CT)	Intent to Bid	Do you intend to Bid?

Bid Messages

Bid Attachments

The following attachments are associated with this opportunity and will need to be retrieved separately

Line	Filename	Description
Header	Legal Notice 1.doc	Legal Notice

Header	General_Instructions_Bid.docx	General Interest
Header	Terms_of_Contract_Bid.docx	Terms of Contract
Header	3.0 Insurance.doc	Insurance
Header	Special_Conditions_and_Specifications_Draft[1].doc	Specifications
Header	CIQ_113015.pdf	Conflict of Interest
Header	HB23_CIQ.docx	Information Regarding Conflict of Interest Questionnaire
Header	W9_2014.pdf	W-9

Bid Attributes

Please review the following and respond where necessary

#	Name	Note	Response
1	Delivery	<p>Delivery will be F.O.B. inside delivery at Collin County designated locations and all transportation charges are to be paid by the supplier to destination.</p> <p>Please state delivery in calendar days from date of order.</p>	_____ (Required)
2	Exceptions	<p>Do you take exceptions to the specifications. If so, by separate attachment, please state your exceptions.</p> <p>Valid Responses: [Please Select], Yes, No</p>	_____ (Required)
3	Insurance	<p>I understand that the insurance requirements of this solicitation are required and a certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract.</p> <p>Please initial.</p>	_____ (Required)
4	Reference No. 1	<p>List a company or governmental agency where these same/like products /services, as stated herein, have been provided.</p> <p>Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.</p>	_____ (Required)
5	Reference No. 2	<p>List a company or governmental agency where these same/like products /services, as stated herein, have been provided.</p> <p>Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.</p>	_____ (Required)
6	Reference No. 3	<p>List a company or governmental agency where these same/like products /services, as stated herein, have been provided.</p> <p>Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.</p>	_____ (Required)

- 7 Cooperative Contracts _____ (Required)
- As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract.
- Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?
Valid Responses: [Please Select], Yes, No
- 8 Preferential Treatment _____ (Required)
- The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A).
1. Is your principal place of business in the State of Texas?
2. If your principal place of business is not in Texas, in which State is your principal place of business?
3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage?
4. If your state favors resident bidders, state by what dollar amount or percentage.
- 9 Debarment Certification _____ (Required)
- I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations.
- Please initial.
- 10 Immigration and Reform Act _____ (Required)
- I declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America.
- I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable by Collin County.
- Please initial.

11 Disclosure of Certain Relationships

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor.

_____ (Required)

By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

Please initial.

12 Disclosure of Interested Parties

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section.

_____ (Required)

Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

Please initial.

13 Notification Survey

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165.

_____ (Required)

How did you receive notice of this request?

Valid Responses: [Please Select], Plano Star Courier, Plan Room, Collin County eBid Notification, Collin County Website, Other

- 14 Bidder Acknowledgement
- Bidder acknowledges, understands the specifications, any _____ (Required) and all addenda, and agrees to the bid terms and conditions and can provide the minimum requirements stated herein. Bidder acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid submittal resulting from Bidder's failure to do so. Bidder acknowledges the prices submitted in this Bid have been carefully reviewed and are submitted as correct and final. If Bid is accepted, vendor further certifies and agrees to furnish any and all products upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid.
- Please initial.
- 15 State required documents needed for new account set up.
- Example: Veterinary License, DEA License, Etc... _____ (Required)

Line Items

#	Qty	UOM	Description	Response
1	3,700	box	Section I - Medications and Vaccines - Canine Intranasal Bordatella - or Collin County Approved Equal	
			Manufacturer: Nobivac - Intra-trac 3	Manufacturer #: \$ _____ (Required) Price
Item Notes: 25 doses/box				
Supplier Notes: _____				
Item Attributes: Please review the following and respond where necessary				
#	Name	Note	Response	
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)	
2	1,700	box	Section I - Medications and Vaccines - Rabies Vaccine	
			Manufacturer: BIVI 1-year	Manufacturer #: \$ _____ (Required) Price
Item Notes: 50/box				
Supplier Notes: _____				
Item Attributes: Please review the following and respond where necessary				
#	Name	Note	Response	
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)	
3	25	each	Section I - Medications and Vaccines - Revolution 5-10 lbs	
			Manufacturer: Revolution	Manufacturer #: \$ _____ (Required) Price
Item Notes: 6/pack				
Supplier Notes: _____				
Item Attributes: Please review the following and respond where necessary				
#	Name	Note	Response	
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)	
4	25	each	Section I - Medications and Vaccines: Revolution 11-20 lbs	
			Manufacturer: _____	Manufacturer #: \$ _____ (Required) Price
Item Notes: 6/pack				
Supplier Notes: _____				

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

- 5 25 each Section I - Medications and Vaccines: Revolution 21-40 lbs.
Manufacturer: Revolution Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 6/pack

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

- 6 25 each Section I - Medications and Vaccines: Revolution 41-85 lbs.
Manufacturer: Revolution Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 6/pack

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

- 7 25 each Section I - Medications and Vaccines: Revolution 86-130 lbs.
Manufacturer: Revolution Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 6/pack

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

- 8 5 each Section I - Medications and Vaccines: Equi-Phar Pro Tal, Anthelminic Suspension
(Pyrantel Pamoate)

Manufacturer: Vedco

Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 50 mg/ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

9 35 each Section I - Medications and Vaccines: Paste Wormer
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Strongid 20ml tube

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

10 100 each Section I - Medications and Vaccines: Canine DeWormer
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Safeguard - Liquid/Powder

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

11 20 each Section I - Medications and Vaccines: Feline Tab
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Droncit 23

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

12 20 each Section I - Medications and Vaccines: Canine Tab
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Droncit 34

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

13 4 bottle Section I - Medications and Vaccines: Virbantel- Canine
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Small, 30mg, 50/bottle

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

14 1 bottle Section I - Medications and Vaccines: Virbantel - Canine
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Med-Large, 114mg,50/bottle

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

15 24 each Section I - Medications and Vaccines: Fatal Plus
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Sodium Pentobarbitol, 250cc, 6gm/ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

16 10 each Section I - Medications and Vaccines: Xylazine - Canine and Feline
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 100mg/ml - 50 ml Bottle

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

17 30 each Section I - Medications and Vaccines: Ketamine Injection
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 100mg per 10ml, 10ml Bottle

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

18 10 each Section I - Medications and Vaccines: AcePromazine Injectable
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 50cc

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

19 10 each Section I: Medications and Vaccines: Uniprim Powder for Horses
Manufacturer: Macleod Uniprim Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 67mg Trimethoprim, 333mg Sulfadiazine Septic Powder, 5oz

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

20 10 each Section I: Medications and Vaccines: Sodium Chloride 0.9%
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 50ml FTV

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

21 10 each Section I - Medications and Vaccines - Acepromazine Tablets
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 25 mg Tablets

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

22 10 each Section I: Medications and Vaccines: Acepromazine - Injectable
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 10 mg/ml - 50 ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

23 10 each Section I - Medications and Vaccines - Cephalexin Capsules
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 250mg Bottle of 500 capsules

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

24 10 each Section I: Medications and Vaccines - Albion Oral Suspension
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 5% Sulfadinethorine - 250 mg/ml Bottle 473 ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

25 10 each Section I: Medications and Vaccines: Bute Paste - Equine
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 12 gm, 1gm/5ml/60ml Tube

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

26 10 each Section I: Medications and Vaccines: Clavamox
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 250 mg, tablets/strips

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

27 10 each Section I: Medications and Vaccines: Clavamox Drops
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 50 mg of amoxicillin and 12.5 mg of celvulanie

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

28 10 each Section I: Medications and Vaccines: Enisyl-f Oral Paste Feline
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 100ml - 250mg

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

29 10 each Section I: Medications and Vaccines: Bactrim
Manufacturer: Manufacturer #: \$ _____
(Required)
Price

Item Notes: Tablets 500 - 100mg

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

30 10 each Section I: Medications and Vaccines: Penicillin Injectable
Manufacturer: Manufacturer #: \$ _____
(Required)
Price

Item Notes: Bottle 250ml - 300,000 units per ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

31 10 each Section I: Medications and Vaccines: Triple Antibiotic Ointment
Manufacturer: Manufacturer #: \$ _____
(Required)
Price

Item Notes: Tube 1oz.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

32 40 each Section I: Medications and Vaccines: Isopropyl Alcohol
Manufacturer: Manufacturer #: \$ _____
(Required)
Price

Item Notes: 70%, 16oz.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

33 1 each Section I: Medications and Vaccines: Gentamicin Sulfate Solution
Manufacturer: Genta Ved 100 Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 100mg/ml, 100ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

34 10 each Section I: Medications and Vaccines: Hydrogen Peroxide
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 3% - Gallon

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

35 5 each Section I: Medications and Vaccines: Farnam Swat
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 6oz. Clear

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

36 20 each Section I: Medications and Vaccines: Isoflurane
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 250ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

37 10 each Section I: Medications and Vaccines: Ketofen Sterile Solution
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Bottle - 100 ml - 100mg/ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

38 15 each Section I: Medications and Vaccines: Atipamezole Hydrochloride - Sterile Injectable
Solution

Manufacturer: Manufacturer #: \$ _____
(Required)
Price

Item Notes: Bottle - 10 ml - 5.0 mg/ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

39 2 each Section I: Medications and Vaccines: Yohimbine
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 20ml - .1mg per kg

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

40 10 each Section I: Medications and Vaccines: Aurocine Ear Cleanser with Aloe
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 8oz.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

41 10 each Section I: Medications and Vaccines: Dex SP Injectable Steriod
Manufacturer: Cefovecin Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 100ml 2mg/ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

42 20 each Section I: Medications and Vaccines: Convenia - Canine and Feline
Manufacturer: Cefovecin Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Cefovecin - 10ml 80mg per ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

43 10 each Section I: Medications and Vaccines: B-12, Inj.
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 500cc

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

44 10 each Section I: Medications and Vaccines: Neo Poly Dex Eye Drops
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 5 ml Bottle

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

45 20 each Section I: Medications and Vaccines: Chlorex Solution
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 2%, 1 Gallon

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

46 5 each Section I: Medications and Vaccines: Polyflex
Manufacturer: Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Powder, 200ml, Equivalent to 25g ampicillin

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

47 1 Section I: Medications and Vaccines - Discount Off Catalog Price List.

_____ %
(Optional)
Percentage

Supplier Notes: _____

48 10 each Section II: Testing Supplies: Feline Snap Antibody/FELV Antigen Combo Test
Manufacturer: Idexx Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 30/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	(Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

_____ %
(Optional)
Percentage

Supplier Notes: _____

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	(Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

_____ %
(Optional)
Percentage

Supplier Notes: _____

\$_____

(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	(Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	(Required)

\$ _____
(Required)
Price

Supplier Notes: _____

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	(Required)

101 1 Section V: Surgical Supplies: Discount Off Catalog Price List _____ %
(Optional)
Percentage

Supplier Notes: _____

102 45 each Section VI: Needles and Syringes: Monoject Luer Lock Syringe/Needle Combo
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 3cc, 23g x 1in. 100 per box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

103 45 each Section VI: Needles and Syringes: Monoject Luer Lock Syringe/Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 3cc, 25g x 5/8 in. 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

104 45 each Section VI: Needles and Syringes: Syringe/needle Combo
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 1cc, 27g x 1/2 in. 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

105 45 each Section VI: Needles and Syringes: Syringe/Needle Combo
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 1cc, 25g x 5/8 in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

106 15 each Section VI: Needles and Syringes: Monoject Luer Lock Syringe
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 1cc, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

107 40 each Section VI: Needles and Syringes: Monoject Luer Lock Syringe
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 3cc, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

108 30 each Section VI: Needles and Syringes: Monoject Luer Lock Syringe
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 6cc 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

109 15 each Section VI: Needles and Syringes: Monoject Luer Lock Syringe
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 12cc, 80/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

110 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 14ga X 1in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

111 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 18ga X 1in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

112 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 18ga X 1.5in

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

113 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 19ga x 1in

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

114 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 19ga x 1.5in

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

115 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 21ga X 1in

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

116 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 22ga X 3/4in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

117 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 22ga X 1in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

118 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 23ga X 1in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

119 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 25ga X 5/8in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

120 10 each Section VI: Needles and Syringes: Monoject Luer Lock Needle
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 27ga X 1/2in, 100/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

121 1 Section VI: Needles and Syringes: Discount Off Catalog Price List.

_____%
(Optional)
Percentage

Supplier Notes: _____

122 220 each Section VII: Cleaning Supplies: Kennelsol
Manufacturer: Altec Manufacturer #:

\$ _____
(Required)
Price

Item Notes: 5 Gallon Buckets, Broad Spectrum Germicidal Detergent

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

123 10 each Section: VII: Cleaning Supplies: Trifectant

Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: Tablets - 9oz - 50 x 0.18 oz

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

124 6 each Section VII: Cleaning Supplies: Disinfectant Virucide

Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required)
Price

Item Notes: 10-pound tub - Virkon S

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

125 1 Section VII: Cleaning Supplies: Discount Off Catalog Price List.

_____%
(Optional)
Percentage

Supplier Notes: _____

126 175 each Section VIII: Cage Supplies: Litter Pans
Manufacturer: Pactive Corporation Manufacturer #: Y60245

\$ _____
(Required)
Price

Item Notes: 1/4 size sheet cake pans; 100/case

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

127 30 each Section VIII: Cage Supplies: Food Trays
Manufacturer: Jorg Manufacturer #:

\$ _____
(Required)
Price

Item Notes: Coated Paper Disposable: Small 5"x4"x1.5" 1000/case

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

128 60 each Section: VIII: Cage Supplies: Dog Bowl
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required)
Price

Item Notes: 1 Quart Stainless Steel

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

129 60 each Section VIII: Cage Supplies: Dog Bowl
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 8-Ounce Stainless Steel

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

130 400 each Section VIII: Cage Supplies: Key Clips
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: Plastic with Metal Ring; 3 1/2 long; eye diameter 3/16: red

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

131 400 each Section VIII: Cage Supplies: Vinyl Envelope
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: Reclosable: 6"x9"x8mil; Waterproof/Weather proof, opens small end/top 50/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

132 50 each Section VIII: Cage Supplies: Suction Cup
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: Industrial Grade; with Clip; Clear Plastic Finish, Dia. 1 5/8" 3/pkg

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

133 24 each Section VIII: Cage Supplies: Cable Ties
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required) (Required)
Price

Item Notes: 4in, 100/pack

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

134 1 Section VIII: Cage Supplies: Discount Off Catalog Price List. _____ %
(Optional)
Percentage

Supplier Notes: _____

135 2 each Section IX: Handling and Capture Supplies: Dual Release Catch Pole
Manufacturer: ACES Manufacturer #: ADR-CP4 \$ _____
(Required)
Price

Item Notes: 4' Length, spring loaded noose, anodized aluminum shaft. bite guard and vinyl coated noose.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

136 2 each Section IX: Handling and Capture Supplies: Dual Release Catch Pole
Manufacturer: ACES Manufacturer #: ADR-CP% \$ _____
(Required)
Price

Item Notes: 5', spring loaded noose, anodized aluminum shaft, bite guard and vinyl coated noose.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

137 2 each Section IX: Handling and Capture Supplies: "Y" Restraint Pole 60"
Manufacturer: ACES Manufacturer #: AYP-60 \$ _____
(Required)
Price

Item Notes: 60" restraint pole

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

138 2 each Section IX: Handling and Capture Supplies: Super Snare 53"
Manufacturer: ACES Manufacturer #: FSS-1 \$ _____
(Required)
Price

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

139 2 each Section IX: Handling and Capture Supplies: Cat Tongs 28"
Manufacturer: ACES Manufacturer #: WCG-28 \$ _____
(Required)
Price

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

140 2 each Section IX: Handling and Capture Supplies: Cat Tongs 38"
Manufacturer: ACES Manufacturer #: WCG-38 \$ _____
(Required)
Price

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

141 2 each Section IX: Handling and Capture Supplies: Bite Stick
Manufacturer: ACES Manufacturer #: BS-E \$ _____
(Required)
Price

Item Notes: Extendable 26"

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

142 2 each Section IX: Handling and Capture Supplies: Bite Stick
Manufacturer: ACES Manufacturer #: BS-E21 \$ _____
(Required)
Price

Item Notes: Extendable 21"

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

143 2 each Section IX: Handling and Capture Supplies: Bite Stick Holster
Manufacturer: ACES Manufacturer #: BS-HN \$ _____
(Required)
Price

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

144 2 each Section IX: Handling and Capture Supplies: Snake Tongs
Manufacturer: ACES Super Grip Manufacturer #: MW-G52 \$ _____
(Required)
Price

Item Notes: 52"

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

145 2 each Section IX: Handling and Capture Supplies: Bat/Bird/Mammal Net
Manufacturer: ACES Manufacturer #: 3543 \$ _____
(Required)
Price

Item Notes: Aluminum Pole Extends from 6' to 18', net is 17" by 17" and 22" deep

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

146 2 each Section IX: Handling and Capture Supplies: Magnum Net
Manufacturer: ACES Manufacturer #: 3641-K \$ _____
(Required)
Price

Item Notes: Extends from, 48" to 96" extra heavy duty, double wall frame, animals up to 60lbs, net is 36" long 31" across, 48" deep

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

147 2 each Section IX: Handling and Capture Supplies: Gauntlet Gloves
Manufacturer: ACES Manufacturer #: AGK-L \$ _____
(Required)
Price

Item Notes: 18" Kevlar lined elkhide

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

148 21 each Section IX: Handling and Capture Supplies: Dog Muzzle
Manufacturer: ACES Manufacturer #: DMS-10 \$ _____
(Required)
Price

Item Notes: Nylon, set of assorted sizes, color coded by size, 10 per set

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

149 15 each Section IX: Handling and Capture Supplies: Feral Cat Den
Manufacturer: ACES Manufacturer #: M-FCD \$ _____
(Required)
Price

Item Notes: 15x11x10/Flat Top

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

150 30 each Section IX: Handling and Capture Supplies: Den Front Door
Manufacturer: ACES Manufacturer #: M-DFD \$ _____
(Required)
Price

Item Notes: Front Door Panel for Feral Cat Den

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

151 2 each Section IX: Handling and Capture Supplies: Universal Trap
Manufacturer: ACES Manufacturer #: SG-53 \$ _____
(Required)
Price

Item Notes: 36"x11"x12", animals up to 40lbs.

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

152 2 each Section IX: Handling and Capture Supplies: Cage
Manufacturer: ACES Manufacturer #: SG-RC \$ _____
(Required)
Price

Item Notes: Safeguard Heavy-Duty Squeeze Cage, 20'x 11" x 11"

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

153 21 each Section IX: Handling and Capture Supplies: Carrier/Transfer Cage
Manufacturer: ACES Manufacturer #: SG-20CTEL \$ _____
(Required)
Price

Item Notes: Safeguard Carrier/Transfer Cage, Top & End Ld Carrier, 20x11x12

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

154 15 each Section IX: Handling and Capture Supplies: Field Darts - 4cc
Manufacturer: ACES Manufacturer #: PD-5 \$ _____
(Required)
Price

Item Notes: Type P (CO2)

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

155 115 each Section IX: Handling and Capture Supplies: Field Darts 5cc
Manufacturer: ACES Manufacturer #: PD-5 \$ _____
(Required)
Price

Item Notes: Type P (CO2)

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

156 15 each Section IX: Handling and Capture Supplies: Field Darts 6cc
Manufacturer: ACES Manufacturer #: PD-6 \$ _____
(Required)
Price

Item Notes: Type P (CO2)

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

157 15 each Section IX: Handling and Capture Supplies: Field Darts - 7cc
Manufacturer: ACES Manufacturer #: PD-7 \$ _____
(Required)
Price

Item Notes: Type P (CO2)

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

158 15 each Section IX: Handling and Capture Supplies: Field Darts - 10cc
Manufacturer: ACES Manufacturer #: PD-10 \$ _____
(Required)
Price

Item Notes: Type P (CO2)

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

159 2 each Section IX: Handling and Capture Supplies: Pole Syringe - 3ml
Manufacturer: ACES Manufacturer #: ZPS-06 \$ _____
(Required)
Price

Item Notes: Zoolu, 6ml

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

160 3 each Section IX: Handling and Capture Supplies: Folding Large Animal Trap
Manufacturer: Tru-Catch Manufacturer #: 48F \$ _____
(Required)
Price

Item Notes: Length 48" Width 20" Height 28", Collapsed: Length 48" width 20" Height 6"

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

161 3 each Section IX: Handling and Capture Supplies: Heavy Duty Animal Trap
Manufacturer: Tru-Catch Manufacturer #: 30D \$ _____
(Required)
Price

Item Notes: Trap for Cats, Racoons, skunks and other small animals, length 30" Width 9" height 11"

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

162 1 Section IX: Handling and Capture Supplies: Discount Off Catalog Price List. _____ %
(Optional)
Percentage

Supplier Notes: _____

163 250 each Section X: Miscellaneous Supplies: Dog Leads
Manufacturer: Camp Manufacturer #: \$ _____
(Required)
Price

Item Notes: 52", Flat Poly Leashes with "D" ring, Blue; 12/bag

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

164 80 each Section X: Miscellaneous Supplies: Dog Leads
Manufacturer: EYAY International Manufacturer #: PEL-5R \$ _____
(Required)
Price

Item Notes: ACO, 53 in. Poly-Ethelyne Braided leads with "O" Rings, 12/bag

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

165 80 each Section X: Miscellaneous Supplies: Cardboard Pet Carrier
Manufacturer: VEDCO Manufacturer #: \$ _____
(Required)
Price

Item Notes: Pet Caddie, 12/ box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

166 5 each Section X: Miscellaneous Supplies: Waste Bags
Manufacturer: ULINE Manufacturer #: D98153 \$ _____
(Required)
Price

Item Notes: Dogipot Waste Bags; 8' x 12"

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

167 35 box Section X: Miscellaneous Supplies: Home Again Microchips
Manufacturer: _____ Manufacturer #: _____ \$ _____
(Required) (Required)
Price

Item Notes: Enrollment Forms and Envelopes 25/box

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

168 2 each Section X: Miscellaneous Supplies: Microchip Reader
Manufacturer: Intervet Manufacturer #: \$ _____
(Required)
Price

Item Notes: Home Again Universal Worldscan Microchip reader

Supplier Notes: _____

Item Attributes: Please review the following and respond where necessary

#	Name	Note	Response
1	Packaging	State how item is packaged, i.e. 6/#10 or 4/1 gal.	_____ (Required)

Supplier Notes:

1.0 GENERAL INSTRUCTIONS

1.0.1 Definitions

1.0.1.1 Bidder: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Bidder/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by a Bidder.

1.0.1.4 IFB: refers to Invitation For Bid.

1.1 If Bidder does not wish to submit an offer at this time, please submit a No Bid.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your submittal.

1.4 Collin County exclusively uses ionWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A bid may not be withdrawn or canceled by the bidder prior to the ninety-first (91st) day following public opening of submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Bids for any or all products and/or services covered in an Invitation For Bid (IFB), and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All IFB's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the IFB number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. IFB's may be submitted in electronic format via Collin County eBid.

1.9 All Invitation For Bids (IFB) submitted electronically via Collin County eBid shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the IFB.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Invitation for Bids (IFB) submitted in hard copy paper form. IFB's received in the Collin County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the IFB guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to an Invitation For Bid, and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than seven (7) days prior to the opening/receipt date. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via Collin County eBid.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the IFB/RFQ/RFP/RFI/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **Collin County eBid** <https://collincountytexas.com>, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Bidder/Quoter/Offeror's receipt of any addenda issued. Bidder/Quoter/Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.17 Bidders taking exception to the specifications shall do so at their own risk. By offering substitutions, Bidder shall state these exceptions in the section provided in the IFB or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.19 Minimum Standards for Responsible Prospective Bidders: A prospective Bidder must meet the following minimum requirements:

1.19.1 have adequate financial resources, or the ability to obtain such resources as required;

1.19.2 be able to comply with the required or proposed delivery/completion schedule;

1.19.3 have a satisfactory record of performance;

1.19.4 have a satisfactory record of integrity and ethics;

1.19.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Bidder's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with its preparation of an IFB.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective bidders during the bidding process is subject to release under the Act.

1.22 The Bidder shall comply with Commissioners' Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County.

1.24 Bid Openings: All bids submitted will be read at the county's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the county accepts such bid as responsive.

The county will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The county will notify the successful bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

2.0 TERMS OF CONTRACT

2.1 A bid, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of a Change Order.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments and/or Change Orders to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Bids must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 Expenses For Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.

2.11 If a contract, resulting from a Collin County IFB is for the execution of a public work, the following shall apply:

2.11.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to

the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.12 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.13 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.14 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

2.15 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the bid price. All components required to render the item complete, installed and operational shall be included in the total bid price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.16 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.17 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.18 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.18.1 Collin County Purchase Order Number;

2.18.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.18.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

2.19 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.

2.20 All warranties shall be stated as required in the Uniform Commercial Code.

2.21 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.

2.22 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.

2.23 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.

2.24 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.

2.25 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.

2.26 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.

2.27 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.

2.28 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.

2.29 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County Homeland Security prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.

2.30 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.31 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.32 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Bidder certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of bid/proposal submission

and time of award, the Bidder will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.33 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or “lockdown”; and (7) subjected to a search of your person or property. While the Collin County Sheriff’s Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.34 Delays and Extensions of Time when applicable:

2.34.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect may determine.

2.34.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

NOTE: All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual IFB Solicitation documents as Special Terms, Conditions and Specifications.

3.0 INSURANCE REQUIREMENTS

3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability. Coverage must be written on occurrence form.

- Each Occurrence: \$1,000,000
- Personal Injury & Adv. Injury: \$1,000,000
- Products/Completed Operation Aggregate: \$2,000,000
- General Aggregate: \$2,000,000

3.1.2 **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers' Liability

- Liability, Each Accident: \$500,000
- Disease-Each Employee: \$500,000
- Disease – Policy Limit: \$500,000

3.1.3 **Commercial Automobile Liability** insurance which includes any automobile (owned, non-owned, and hired vehicles) used in connection with the contract.

- Combined Single Limit – Each Accident: \$1,000,000

3.2 With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

3.2.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.

3.2.2 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

3.2.3 All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.

3.2.4 All insurance policies shall be endorsed to the effect that Collin County will receive at least thirty (30) days notice prior to cancellation, non-renewal or termination of the policy.

3.2.5 All copies of Certificates of Insurance shall reference the project/contract number.

3.3 All insurance shall be purchased from an insurance company that meets the following requirements:

3.3.1 A financial rating of A+VII or higher as assigned by the BEST Rating Company or equivalent.

3.4 Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain provisions representing and warranting the following:

3.4.1 Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.

3.4.2 Sets forth the notice of cancellation or termination to Collin County.

4.0 SPECIAL CONDITIONS AND SPECIFICATIONS

4.1 Purpose: It is the intent of the following specifications to describe Veterinary and Animal Care Supplies to include, but not limited to, medications, vaccines, testing, flea control, lab supplies, surgical supplies, needles and syringes needed by Collin County.

4.2 Term: Provide for a term contract commencing on date of award and continuing through and including September 30, 2017, with the option to renew for three (3) additional one (1) year renewals.

4.3 Funding: Funds for payment for Collin County expenditures have been provided through the Collin County budget approved by the Commissioners' Court for this fiscal year only. State of Texas statutes prohibit any obligation of public funds beyond the fiscal year for which a budget has been approved. Therefore, anticipated orders or other obligations that may arise past the end of the current fiscal year shall be subject to budget approval.

4.4 Price Reduction: If during the life of the contract, the vendor's net prices to its customers for the same product(s) and/or services shall be reduced below the contracted price, it is understood and agreed that Collin County shall receive such price reduction.

4.5 Price Redetermination: A price redetermination may be considered by Collin County only at the anniversary dates of the contract. The anniversary date will be October 1st of each year. All requests for price redetermination shall be in written form and shall include documents supporting price redetermination such as Manufacturer's direct cost, postage rates, Railroad Commission rates; Federal/State minimum wage law; Federal/State unemployment taxes; F.I.C.A; Insurance Coverage Rates; etc. The request for price redetermination shall be submitted sixty (60) days prior to renewal date of the contract and may be considered by Collin County for the subsequent annual renewal option and shall be substantiated in writing by the Consumer Price Index (CPI). Baseline for CPI will be the index announced for February of each year. Any price change request will be evaluated against Consumer Price Index and/or market survey conducted by Collin County. Price increase of individual items will be held to no more than 3% per item above the previously established price. Price increases and decreases may be allowed on renewal terms, but shall remain firm for the entire redetermination period. Collin County reserves the right to accept or reject any/all of the price redetermination as it deems to be in the best interest of the County.

4.6 Delivery/Completion/Response Time: Vendor shall place product(s) and/or complete services at the ordering entity's designated location within ten (10) working days. Delivery will be FOB to Collin County offices as specified on each purchase order. All delivery charges (i.e., packing, inside delivery, complete installation), are to be included in the bid price. Collin County will not accept any fuel surcharges on invoices. Collin County will not accept minimum order requirement.

4.7 Delivery Location: Veterinary and Animal Care Supplies shall be delivered directly to Collin County Animal Services, 4750 Community Avenue, McKinney Texas, 75071, or as indicated on the Collin County Purchase Order. Collin County reserves the right to add or delete delivery locations as the needs arise or change throughout the contract period.

4.10 Approximate Usage: Estimated annual quantities are given for each item. Approximate usage does not constitute an order, but only implies the probable quantity Collin County will use. Items will be ordered on an as-needed basis. Approximate value of this contract is \$60,000.00.

4.11 This Invitation for Bid has been separated into several sections. Collin County reserves the right to award by line item, section or as whole. Whichever is in the best interest of the County.

Bids will be evaluated and awarded based on the lowest and best bid meeting specifications. The name brand being bid shall appear on the bid. Bidder's failing to provide the information necessary for the evaluation of the bid may be considered non-responsive.

4.12 Specifications:

4.12.1 Manufacturer is given for descriptive purposes only. Bidders may bid alternate items that meet specifications.

4.12.2 The purpose of the discount line items is to allow Collin County to purchase any item in the manufacturer's catalog at the discounted price.

4.12.3 New catalogs/product schedule, if applicable, will be provided at the anniversary date. The successful vendor's proposed catalog must offer a full range of veterinary and animal supplies including common brand name items. All items must include specification sheet from current catalog and be submitted with bid. Failure to submit a catalog with bid may be reason for rejection of bid. Any catalog items not included in the percentage discount must be stated on the exception area of the bid form and will be considered in the overall evaluation.

4.12.4 Substitutions for item(s) shall be of equal quality and pricing shall be at same price as catalog item(s). The County shall have final approval of any substituted items prior to substitutions being made.

4.12.5 Packaging Size: It is understood that standard packaging may vary by bidder and orders shall be placed by standard packaging unit quantities. Bidder shall indicate how each bid item is packaged including the number of units per case and the size of units by ounces or gallons or as applicable, number of products per unit count and the minimum quantity to be purchased.

4.12.6 Samples: During the evaluation process, bidders may be requested to provide samples of items bid at no additional cost to the County. These samples will be used to determine that the product bid does meet the specifications as listed in this invitation for bid. Samples of items not meeting the specifications will not be considered for award.

4.12.7 Product Code Number: Bidder is requested to state in the spaces provided the supplier product code number assigned to each product by bidder's company for ordering purposes.

4.13 Cooperative Purchasing: Governmental entities utilizing governmental contracts with Collin County will be eligible, but not obligated, to purchase necessary materials and supplies under contract(s) awarded as a result of their solicitation. FOB Destination prices will apply only to delivery points specified

in these documents. Delivery to other FOB points may include applicable freight charges. Any additional incremental costs for delivery must be clearly stated in quotes to participating entities before order is placed. All purchases by governmental entities other than Collin County will be billed directly to that governmental entity and paid by that governmental entity. Collin County will not be responsible for other governmental entity's debts. Each governmental entity will order their own material as needed. The quantities furnished in this bid document are for Collin County only. It does not include quantities for any other governmental jurisdiction.

4.14 Collin County shall be the sole authority to determine if item/make/model, etc. is equal to the item specified.

4.15 Listed are a representative of minimum specifications. If you are bidding an alternate item select "Add Alternate" for that line item and place your bid in the space provided.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

INFORMATION REGARDING **CONFLICT OF INTEREST QUESTIONNAIRE**

During the 79th Legislative Session, House Bill 914 was signed into law effective September 1, 2005, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the 84th Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS:

http://www.ethics.state.tx.us/filinginfo/conflict_forms.htm

The vendor acknowledges by doing business or seeking to do business with Collin County that he/she has been notified of the requirements under Chapter 176 of the Texas Local Government Code and that he/she is solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers:

<http://www.collincountytexas.gov/government/Pages/officials.aspx>

The following County employees will be involved in the planning, recommending, selecting, and contracting for the attached procurement:

Department/Evaluation Team:

Misty Brown – Development Services Manager

Purchasing:

Michalyn Rains – Purchasing Agent

Sara Hogg, CPPB – Asst. Purchasing Agent

Jennifer Turner – Buyer II

Commissioners' Court:

Keith Self – County Judge

Susan Fletcher – Commissioner Precinct No. 1

Cheryl Williams – Commissioner Precinct No. 2

Chris Hill – Commissioner Precinct No. 3

Duncan Webb – Commissioner Precinct No. 4

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	Social security number [][][] - [][] - [][][][][] or Employer identification number [][] - [][][][][][][][]
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	Signature of U.S. person ▶ Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.