

Contract ID:CQFC15000002

Department: Fire Commission

Capital:

SERVICE: VETERINARY/GROOMING SERVICES

NIFS ID #:CLFC17000002

NIFS Entry Date: 20-MAR-17

Term: from 01-JAN-17 to 31-DEC-17

Amendment	
Time Extension: X	
Addl. Funds:X	
Blanket Resolution:	
RES#	

1) Mandated Program:	Y
2) Comptroller Approval Form Attached:	Y
3) CSEA Agmt. § 32 Compliance Attached:	Y
4) Vendor Ownership & Mgmt. Disclosure Attached:	Y
5) Insurance Required	Y

Vendor Info:	
Name: MID ISLAND ANIMAL HOSPITAL	Vendor ID#: 11-2648297
Address: 264 OLD COUNTRY	Contact Person: Barbara
ROAD	Reynolds, Office Manager
HICKSVILLE, NEW YORK	
11801	
	Phone: 516-681-5477

Department:		
Contact Name: SCOTT D. TUSA		
Address: NASSAU COUNTY FIR	E MARSI	HAL
1194 PROSPECT AVENUE		
WESTBURY, NEW YORK 11590	[*ename]*	(-1-4)
Phone: 516-573-9991	Abres 44	
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Routing Slip

Department	NIFS Entry: X	27-JUN-17 MGRIGONIS
Department	NIFS Approval: X	26-JUL-17 JPRIEST
DPW	Capital Fund Approved:	
ОМВ	NIFA Approval: X	26-JUL-17 RDALLEVA
ОМВ	NIFS Approval: X	26-JUL-17 MKAKOL
County Atty.	Insurance Verification: X	26-JUL-17 AAMATO

County Atty.	Approval to Form: X	26-JUL-17 DMCDERMOTT
Dep. CE	Approval: X	14-AUG-17 CRIBANDO
Leg. Affairs	Approval/Review: X	27-JUL-17 FBECKER
Legislature	Approval:	
Comptroller	NIFS Approval:	
NIFA	NIFA Approval:	

Contract Summary

Purpose: THIS IS A RENEWAL OF CQFC15000002 FOR ONE YEAR TO PROVIDE VETERINARY AND GROOMING SERVICES FOR UMI AND LEAH, ACCELERANT DETECTION CANINES TRAINED AND PROVIDED BY ATF AT NO COST TO THE COUNTY FOR THE USE AT FIRE MARSHAL'S OFFICE, FIRE INVESTIGATIONS DIVISION.

Method of Procurement: WE ENTERED INTO AN AGREEMENT WITH DR. KORNET OF MID-ISLAND ANIMAL HOSPITAL IN OCTOBER, 2014 AFTER DR. ARTHUR WILDER OF WESTBURY ANIMAL HOSPITAL RETIRED. THIS IS OUR LAST RENEWAL WITH DR. KORNET ON THE ORIGINAL CONTRACT. THE CONTRACT CALLED FOR THREE (3) ONE-YEAR RENEWAL TERMS.

Procurement History: DR. KORNET HAS PROVIDED SERVICES TO OTHER K-9'S IN OTHER COUNTY DEPARTMENTS. WE ENTERED INTO AN AGREEMENT WITH DR. KORNET FROM OCTOBER, 2014 THROUGH DECEMBER, 2016. WE ARE NOW EXERCISING OUR LAST ONE-YEAR RENEWAL TERM WITH DR. KORNET FOR THE PERIOD 1/1/2017 THROUGH 12/31/2017.

Description of General Provisions: ROUTINE VETERINARY AND GROOMING SERVICES, AND IF NECESSARY, EMERGENCY TREATMENT AS REQUIRED.

Impact on Funding / Price Analysis: WE NOW HAVE TWO ACCELERANT K-9'S IN OUR OFFICE, AND THEREFORE, WE HAVE ADDED THIS CANINE, LEAH, ONTO THE NEW AMENDMENT (RENEWAL). WE ARE ALSO ASKING FOR AN ADDITIONAL \$3,500.00 FOR THIS CALENDAR YEAR RENEWAL FOR THE ADDITIONAL K-9, LEAH.

Change in Contract from Prior Procurement: THE ADDITION OF ANOTHER CANINE AND THE ADDITION OF \$3,500.00 FOR THE CARE OF THIS CANINE. TOTAL OF \$7,000.00 FOR THIS RENEWAL PERIOD.

Recommendation: (approve as submitted)

Advisement Information

Fund: FC			
Control:	10		
Resp:	1200		
Object:	DE500		
Transaction;			
Project #:			
Detail:			

AMOUNT
\$ 7,000.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 7,000.00

FUNDING

LINE	INDEX/OBJECT CODE	AMOUNT
1	FCFCF1200DE500	\$ 7,000.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
		\$ 0.00
	TOTAL	\$ 7,000.00

Increase		
%		
Decrease		

Contract Approval Request Form (As of January 1, 2015)

1. Vendor: MID ISLAND ANIMAL HOSPITAL			
2. Dollar amount requiring NIFA approval: \$700	0		
Amount to be encumbered: \$7000			
This is a Amendment			
f new contract - \$ amount should be full amount of f advisement – NIFA only needs to review if it is in f amendment - \$ amount should be full amount of	creasing funds above th	e amount previously appro	oved by NIFA
3. Contract Term: 1/1/2017-12/31/2017 Has work or services on this contract commend	ced? Y		
If yes, please explain: ONGOING AGREEMEN' VETERINARY CARE TO OUR TWO K-9 ACCE			
4. Funding Source:			
General Fund (GEN) Capital Improvement Fund (CAP) X Other	Grant Fund (GRT)	Federal % 0 State % 0 County % 0	
is the cash available for the full amount of the cont If not, will it require a future borrowing?	iract?	Y Y	
Has the County Legislature approved the borrowin	g?	N/A	
Has NIFA approved the borrowing for this contract	?	N/A	
5. Provide a brief description (4 to 5 sentences) of the item for which	this approval is request	ed:
THIS IS A RENEWAL OF CQFC15000002 FOR ONE YEAR ACCELERANT DETECTION CANINES TRAINED AND PROOFFICE, FIRE INVESTIGATIONS DIVISION.	TO PROVIDE VETERINARY A VIDED BY ATF AT NO COST	AND GROOMING SERVICES FO TO THE COUNTY FOR THE US	PR UMI AND LEAH, E AT FIRE MARSHAL'8
6. Has the item requested herein followed all p	proper procedures and	thereby approved by th	e:
Nassau County Attorney as to form	Y		
Nassau County Committee and/or Legislature			
Date of approval(s) and citation to the resol	lution where approval t	for this item was provide	ed:

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

Contract ID	Date	Amount

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approv al Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberation s.

RDALLEVA 26-JUL-17

Authenticated User Date

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

_ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

I certify that the bonding for this contract has been approved by NIFA.

Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

<u>Authenticated User</u> <u>Date</u>

NIFA

Amount being approved by NIFA: _

Payment is not guaranteed for any work commenced prior to this approval.

<u>Authenticated User</u> <u>Date</u>

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS printouts for all relevant accounts and relevant Nassau County Legislature communication documents and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review.

NIFA reserves the right to request additional information as needed.

RULES RESOLUTION NO. - 2017

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE
TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES
AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON
BEHALF OF THE NASSAU COUNTY FIRE COMMISSION AND MID
ISLAND ANIMAL HOSPITAL

WHEREAS, the County has negotiated an amendment to a personal services agreement with Mid Island Animal Hospital to provide veterinary and grooming services for the Department's canines, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said amended agreement with Mid Island Animal Hospital. George Maragos Comptroller



OFFICE OF THE COMPTROLLER

240 Old Country Road Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Mid Island Animal Hospital
CONTRACTOR ADDRESS: 264 Old Country Road, Hicksville NY 1180
FEDERAL TAX ID #: 11-26482297
<u>Instructions:</u> Please check the appropriate box ("\overline{\Omega}") after one of the following roman numerals, and provide all the requested information.
I. The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in [newspaper] on [date]. The sealed bids were publicly opened on sealed bids were received and opened. [#] of
II. The contractor was selected pursuant to a Request for Proposals. The Contract was entered into after a written request for proposals was issued on[date]. Potential proposers were made aware of the availability of the RFP by advertisement in[newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on[date][state #] proposals were received and evaluated. The evaluation committee consisted of:
committee and their respective departments). The proposals were scored and ranked. As a result of the
scoring and ranking, the highest-ranking proposer was selected.

III. A This is a renewal, extension or amendment of an existing contract. The contract was originally executed by Nassau County on 2/27/20 5 [date]. This is a
renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract, was entered into
(copies of the relevant pages are attached). The original contract was entered into
after three proposals were sent out after previous vet, Westbury Animal Hospital
retired. Entered into garrement January, 2015 for three (3) one-year
renerals. Evernising last penelly at a colory at both limbat.
procurement method, i.e., RFP, three proposals evaluated, etc.) Attach a copy of the most recent evaluation
of the contractor's performance for any contract to be renewed or extended. If the contractor has no
received a satisfactory evaluation, the department must explain why the contractor should nevertheless be
permitted to continue to contract with the county.
IV. — Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the
department head describes the proposals received, along with the cost of each
proposal.
proposar.
☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; OR:
☐ B. The attached memorandum contains a detailed explanation as to the reason(s) why the
contract was awarded to other than the lowest-cost proposer. The attachment includes a specific
delineation of the unique skills and experience, the specific reasons why a proposal is deemed
superior, and/or why the proposer has been judged to be able to perform more quickly than other
proposers.
proposors.
V. □ Pursuant to Executive Order No. 1 of 1993 as amended, the attached
V. Pursuant to Executive Order 140. I of 1995 as amonaton, the department did not
memorandum from the department head explains why the department did not
obtain at least three proposals.
the state of the s
☐ A. There are only one or two providers of the services sought or less than three providers
submitted proposals. The memorandum describes how the contractor was determined to be the
sole source provider of the personal service needed or explains why only two proposals could be
obtained. If two proposals were obtained, the memorandum explains that the contract was
awarded to the lowest cost proposer, or why the selected proposer offered the higher quality
proposal, the proposer's unique and special experience, skill, or expertise, or its availability to
perform in the most immediate and timely manner.
☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a
federal or New York State grant, by legislation or by a court order. (Copies of the relevant
documents are attached).
☐ C. Pursuant to General Municipal Law Section 104, the department is purchasing the services
required through a New York State Office of General Services contract
no, and the attached memorandum explains how the purchase is
within the scope of the terms of that contract.

□ D. Pursuant to General Municipal Law Section 119-0, the department is purchasing the services required through an inter-municipal agreement.
VI. This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.
In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.
VII. This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No. 928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.
Instructions with respect to Sections VIII, IX and X: All Departments must check the box for VIII. Then, check the box for either IX or X, as applicable. VIII. Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.
IX. Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to submission of the first claim voucher, for services under this contract being submitted to the Comptroller.
X. Vendor will not require any sub-contractors.
In addition, if this is a contract with an individual or with an entity that has only one or two employees: \[\sigma \text{a review of the criteria set forth by the Internal Revenue Service, Revenue Ruling No. 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes. \[\left(\frac{1}{2} \) \frac{1}{2} \] \frac{1}{2} \] \[\text{Department Head Signature} \]
3-20-17 Date



Department:	FC

Contract Details

SERVICE veterinary & grooming services

New 🗌 Renewal 🛛	1) Mandated Program:	Yes 🔀	No 🗌
Amendment	2) Comptroller Approval Form Attached:	Yes 🖂	No 🗌
Time Extension	3) CSEA Agreement § 32 Compliance Attached:	Yes 🖂	No 🗌
Addl. Funds	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes 🖂	No 🗀
Blanket Resolution RES#	5) Insurance Required	Yes 🖂	No 🗌

Name	Vendor ID#
MID ISLAND ANIMAL	11-2648297
HOSPITAL	
Address	Contact Person
264 Old Country Road	Barbara Reynolds, Office Manager
Hicksville, New York 11801	Phone
	516-681-5477

COUNTILY DEDAMENT Department Contact Scott D. Tusa, Chif Fire Marshal
Address 1194 Prospect Avenue, Westbury, New York 11590
Phone 516-573-9991

Routing Slip

DAID. Root	DERATEMENT	a Internal Verification	DATE Apprile PRVIde	STENATURE	Legs Aypploval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	\boxtimes	Lest A T	
		Contractor Registered		Total C. / Kina	
	OMB	NIFS Approval (Contractor Registered)			Yes No No Not required if blanket resolution
	County Attorney	CA RE & Insurance Verification			
	County Attorney	CA Approval as to form			Yaski No E.
	Legislative Affairs	Fw'd Original Contract to CA			
	County Attorney	NIFS Approval			
	Comptroller	NIFS Approval			
	County Executive	Notarization Filed with Clerk of the Leg.			



Department:	FC	
_ v p		

Contract Summary

		grooming services				į
Purpose: This is and provided by	a renewal o ATF at no	f CQFC15000002 for one year to precost to the County for the use at Fire	ovide veterinary and Marshal's office, Fi	grooming service re Investigations	es for Umi and Leah, accelerant detection Division	n canines frained
Method of Procu Animal Hospital	rement: W retired. Tl	e entered into an agreement with Dr iis is our last renewal with Dr. Korn	. Kornet of Mid-Islat et on the original con	nd Animal Hospit atract. The contr	tal in October 2014 after Dr. Arthur Wil act called for three (3) one-year renewal	der of Westbury terms
Procurement His October, 2014 th	story: Dr. K rough Dece	ornet has provided services to other mber, 2016. We are now exercising	K-9's in other count our last one-year ren	ty departments. `newal term with I	We entered into an agreement with Dr. I Dr. Kornet for the period 1/1/2017 throug	Kornet from gh 12/31/2017.
Description of G	eneral Prov	isions: routine veterinary and groom	ning services, and if	necessary, emerg	ency treatment as required.	
Impact on Fund (renewal). We a	ing / Price <i>i</i> re also aski	Analysis: We now have two accelerang for an additional \$3,500.00 for th	nf K-9's in our office is calendar year rene	e, and therefore, vewal for the addit	we have added this canine, Leah, onto th tional K-9, Leah.	e new Amendinent
Change in Cont	ract from P	rior Procurement: The addition of a	nother canine and th	ie addition of \$3,	500.00 for the care of this canine. Total	of \$7,000. For this
renewal period.						
Recommendation	n: (approv	e as submitted)				
Advisem	ent Ir	nformation				
BUDGET	ODES -	Funding source	AMOUNTL	deine :	* ETINDEX/OBJECTEODE &	ANYOUNTE
Fund:	FC	Revenue Contract	XXXXXXXXXX	1	FCFCF1200 DE 500	\$7,000.00
Control:	10	County	\$7,000.00	2		\$
Resp:	1200	Federal	\$	3		\$
Object:	DE500	State	\$	4		\$
Transaction:		Capital	\$	5		\$

* RENEW	ATL:
% Increase	
% Decrease	

Revenue Contract	XXXXXXXXX
County	\$7,000.00
Federal	\$
State	\$
Capital	\$
Other	\$
TOTAL	\$7,000.00

1	FCFCF1200 DE 500	\$7,000.00
2		\$
3		\$
4		\$
5		\$
6		\$
	TOTAL	\$7,000.00

3/20/2017

 Document Prepared By:	Scott D. Tusa	Date:

A CONTROL OF THE PROPERTY OF THE PARTY OF TH	Comptroller Certification South Services	表示。
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name
Name	Name	Date
Date	Date	(For Office Use Only)
		E #:



Nassau County Interim Finance Authority

Contract Approval Request Form (As of March 2017)

Mid Island Animal Hospital

FA Approval: \$ 7,000,00

1. Vendor:
2. Dollar amount requiring NIFA approval: \$ 7,000.00
Amount to be encumbered: \$ 7,000.00
2. Dollar amount requiring NIFA approval: \$ 7,000.00 Amount to be encumbered: \$ 7,000.00 This is a New Contract Advisement Advisement Renewal
If new contract - \$ amount should be full amount of contract If advisement NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA If amendment - \$ amount should be full amount of amendment only
3. Contract Term: 1 2017 - 12/31/2017
Has work or services on this contract commenced? Yes No
If yes, please explain: ongoing agreement - Dr Kornet provides veterinary car to our two K-9 accelerants as needed -
4. Funding Source:
General Fund (GEN) Capital Improvement Fund (CAP) Other Grant Fund (GRT) Federal % State % County %
Is the cash available for the full amount of the contract? YesNo If not, will it require a future borrowing? YesNo
Has the County Legislature approved the borrowing? YesNo
Has NIFA approved the borrowing for this contract? Yes No
5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:
Veterinary and grooming services for K-9 accelerant detection canines assigned to the Fire Investigations Division of the Fire Marshal's Office
6. Has the item requested herein followed all proper procedures and thereby approved by the:
Nassau County Attorney as to form Yes No N/A Nassau County Committee and/or Legislature Yes No N/A
Date of approval(s) and citation to the resolution where approval for this item was provided:
7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:
CQFC 15000002 = 3,500.00
01 FO 110000001 - \$3500.00

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approval Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberations.

Signature	Title	Date
Print Name		
	COMPTROLLE	R'S OFFICE
To the best of my know conformance with the I Multi-Year Financial Pla	Nassau County Approved Bu	e information listed is true and accurate and is in dget and not in conflict with the Nassau County
Regarding funding, plea	se check the correct response:	:
I certify that the fund	s are available to be encumbered	pending NIFA approval of this contract.
If this is a capital projec	:	
I certify that the bone	ling for this contract has been ap	proved by NIFA.
		but the project requires NIFA bonding authorization.
Dudget is available at	id ididis have been encumbered	par mo broleen radam en raman en management
Signature	Title	Date
Print Name		
A A A A A A A A A A A A A A A A A A A		
	NIFA	
Amount being approved	l by NIFA:	Payment is not guaranteed for any work-commenced prior to this approval.
Signature	Title	Date
Drint Nama		

NOTE: All contract submissions MUST include the County's own routing slip, relevant Nassau County Legislature communication documents and relevant supplemental information as specified in the NIFA Contract Guidelines that pertain to the items requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review. NIFA reserves the right to request additional information as needed.



COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County	
Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator? If yes, to what campaign committee?	
ir yes, to what campaign committee:	
2. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts. The undersigned affirms and so swears that he/she has read and understood the foregoing	
statements and they are, to his/her knowledge, true and accurate.	
The undersigned further certifies and affirms that the contribution(s) to the campaign committees	
identified above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration. Vendor: Wendor: Wendor:	D
Dated: 32017 Signed: 100	
Print Name: M. tolk tones	
Title:	

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO

SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR **AWARD** Principal Name Date of birth Home address City/state/zip Business address City/state/zip Telephone _____ Other present address(es) City/state/zip Telephone _____ List of other addresses and telephone numbers attached Positions held in submitting business and starting date of each (check all applicable) President 5/12/87 Treasurer ___/__/ Chairman of Board ____/____ Shareholder ____/____ Chief Exec. Officer ___/__/ Secretary ___/__/ Chief Financial Officer ___/__/ Partner ___/__/ (Other) Do you have an equity interest in the business submitting the questionnaire? YES NO ___ If Yes, provide details. See a Hacked Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES ____ NO __t If Yes, provide details. Within the past 3 years, have you been a principal owner or officer of any business or not-5. for-profit organization other than the one submitting the questionnaire? YES ___ NO ___ If Yes, provide details.

3,	Section	y governmental entity awarded any contracts to a business or organization listed in 5 in the past 3 years while you were a principal owner or officer? YES NO orovide details.	
opi ⊃ _{re}	eration o	affirmative answer is required below whether the sanction arose automatically, by if law, or as a result of any action taken by a government agency. Ietailed response to all questions checked "YES". If you need more space, photocopy riate page and attach it to the questionnaire.	
7.	In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:		
		Been debarred by any government agency from entering into contracts with that agency? YES NO If Yes, provide details for each such instance.	
	b.	Been declared in default and/or terminated for cause or any contract, and/or had any contracts cancelled for cause? YES NO If Yes, provide details for each such instance.	
	G.	Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES	
	d.	Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES NO If Yes, provide details for each such instance.	
8,	bankru the par bankru any su initiate questic attach	any of the businesses or organizations listed in response to Question 5 filed a ptcy petition and/or been the subject of involuntary bankruptcy proceedings during at 7 years, and/or for any portion of the last 7 year period, been in a state of aptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is chosen so now the subject of any pending bankruptcy proceedings, whenever d? If 'Yes', provide details for each such instance. (Provide a detailed response to all one checked "YES". If you need more space, photocopy the appropriate page and it to the questionnaire.)	
	a)	Is there any felony charge pending against you? YES NO If Yes, provide details for each such charge.	
	b)	Is there any misdemeanor charge pending against you? YES NO If Yes, provide details for each such charge.	
	c)	Is there any administrative charge pending against you? YES NO If Yes, provide details for each such charge.	
	d)	In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? YES NO If Yes, provide details for each such conviction.	

	e)	In the past 5 years, have you been convicted, after that or by piea, or a
		misdemeanor? YES NO If Yes, provide details for each such conviction.
	f)	In the past 5 years, have you been found in violation of any administrative or statutory charges? YES NO If Yes, provide details for each such occurrence.
	years, Investi subject for, or respor	ition to the information provided in response to the previous questions, in the past 5 have you been the subject of a criminal investigation and/or a civil anti-trust igation by any federal, state or local prosecuting or investigative agency and/or the of an investigation where such investigation was related to activities performed at, on behalf of the submitting business entity and/or an affiliated business listed in use to Question 5? YES NO If Yes, provide details for each such igation.
10.	listed anti-tro includ princip	lition to the information provided, in the past 5 years has any business or organization in response to Question 5, been the subject of a criminal investigation and/or a civil ust investigation and/or any other type of investigation by any government agency, ing but not limited to federal, state, and local regulatory agencies while you were a ball owner or officer? YES NO If Yes; provide details for each such ligation.
11.	respo	past 5 years, have you or this business, or any other affiliated business listed in nse to Question 5 had any sanction imposed as a result of judicial or administrative edings with respect to any professional license held? YES NO If Yes; le details for each such instance.
12.		ne past 5 tax years, have you failed to file any required tax returns or failed to pay any cable federal, state or local taxes or other assessed charges, including but not limited ter and sewer charges? YES NO If Yes, provide details for each such

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.
heing duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.
Sworn to before me this 9 day of April 2017
MICHELE A. SCARAZZINI NOTARY PUBLIC-STATE OF NEW YORK NO. 015C6106842 Qualified in Naseau County My Complishon Expires Majoh 15, 2020
Name of submitting business: Mittatolut // Mind / Tushihl
By: Mitchell Kornest Brintname Signature
Title
4,19,12 Date



264 W. Old Country Road Hicksville, New York 11801 www.mldislandvet.com (516) 681-KISS (5477)

June 16, 2017

Dr. Mitchell Kornet is the sole owner Mid Island Animal Hospital.

Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes No X If Yes, provide details.
Has the proposer ever had a bond or surety cancelled or forfelted, or a contract with Nassau County or any other government entity terminated? Yes No \underline{X} If Yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfelture: or details regarding the termination (if a contract).
11) Has the proposer, during the past seven years, been declared bankrupt? Yes No X lf Yes, state date, court jurisdiction, amount of liabilities and amount of assets
In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business. Yes No X If Yes, provide details for each such investigation.
in the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes
Has any current or former director, owner or officer or managerial employee of this customes had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:
 a) Any felony charge pending? Yes No X If Yes, provide details for each such charge.
b) Any misdemeanor charge pending? Yes No X If Yes, provide details for each such charge.
c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Yes No X

d) in the past 5 years, been convicted, after trial or by plea, of a misdemeanor? Yes No X If Yes, provide details for each such conviction.
e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? Yes No X If Yes, provide details for each Such occurrence.
15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? Yes No X
16) For the past (5) tax years, has this business falled to file any required tax returns or falled to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? Yes No \underline{X} if Yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.
17) Conflict of Interest: a. Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."
 Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of Interest in acting on behalf of Nassau County. NO CONLICT EXISTS
Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. NO CONFLICT EXISTS
iii. Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. NO CONFLICT EXISTS
b. Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future. We would contact Nassau County and follow whatever instructions are received.

A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Should the proposer be other than an individual, the Proposal MUST include:

- i) Date of formation; 1964
- Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner; <u>See attached</u>
- Name, address and position of all officers and directors of the company; <u>See attached</u>
- iv) State of Incorporation (if applicable); NY
- v) The number of employees in the firm; 25
- vi) Annual revenue of firm;
- vii) Summary of relevant accomplishments; See attached.
- B. Indicate number of years in business, 53
- C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services.
- D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work.

Company <u>Huntington Animal Hospital</u>
Contact Person Jeffrey Kramer, DVM
Address 113 Walt Whitman Rd.
City/State Huntington, NY 11746
Telephone (631) 423-7020
Fax#
E-Mail Address

Company Long Island Animal Hospital
Contact Person Adam Krawczyk, DVM
Address 798 Old Country Rd.
City/State Westbury, NY 11590
Telephone (516) 333-0400
Fax #
E-Mail Address
Company Central Animal Hospital
Company Central Animal Hospital
Company <u>Central Animal Hospital</u> Contact Person <u>Michael Woltz, DVM</u>
Company <u>Central Animal Hospital</u> Contact Person <u>Michael Woltz, DVM</u> Address <u>317 Ardly Rd.</u>
Company <u>Central Animal Hospital</u> Contact Person <u>Michael Woliz, DVM</u> Address <u>317 Ardly Rd.</u> City/State <u>Scarsdale, NY 10583</u>

CERTIFICATION

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I, Mitchell Kornet, by M, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 7 day of 4	June 20	017
Notary Public Name of submitting business: Mid Islan By: Mt full Kornef V	00	MICHELE A. SCARAZZINI NOTARY PUBLIC-STATE OF NEW YORK NO. DISCOTO6842 Qualified in Natzau County My Commission Expires March 18, 2002
Title	Jugi latui d	

OWNERSHIP DISCLOSURE DOCUMENT

MID ISLAND ANIMAL HOSPITAL 264 WEST OLD COUNTRY RD. HICKSVILLE, NY 11501

SOLE PRINCIPAL: MITCHELL KORNET, DVM



Dr. Mitchell Kornet:

I became a veterinarian because of my love of animals and the challenge of making their lives better. When I was 13 years old, my pet hamster became sick, and my visit to our local veterinarian transformed my life. From that time on, I did everything in my power to become a veterinarian. I went to a high school that had special programs in agriculture and worked on dairy farms during my summer vacations. My college years were marked with intense studying. My hard work paid off as it allowed me to follow a career path that I had long dreamed of. I carned a Bachelor of Science degree at Cornell University and a Doctor of Veterinary Medicine degree at Cornell in 1979. I came to Mid Island Animal Hospital in 1981 and became its director in 1983. I have worked throughout the years to expand the services that the hospital provides.

I enjoy all facets of veterinary medicine from internal medicine, surgery and dentistry. In recent years we have added laparoscopic surgery to the services that we offer. I strive to provide the highest quality of medicine for my patients through persistent hard work. Mid Island Animal Hospital has a comprehensive continuing education program that allows its

doctors to stay on the cutting edge of veterinary medicine.

My years at Mid Island Animal Hospital have allowed me to grow and serve the community in many ways. In 1993 I engaged in clinical research and helped field test a new drug for Addison's Disease, and adrenal gland disorder. The results were published in the Journal of the American Veterinary Medical Association and in Current Veterinary Therapy.

In 1998 I became a member of the Long Island Veterinary Medical Association's Disaster Preparedness Committee. Little did we know that we would be put to the test on September 11, 2001. Suddenly I found myself part of a team responsible for sending veterinarians and assistants to ground zero at the World Trade Center site on a daily basis to care for the search and rescue dogs. We arranged for 24 hour care for the service dogs. This became my "second job" until November 3, 2001. In December 2001 I received the award of Veterinarian of the Year from the Long Island Veterinary Medical Association for my service during this critical period in history.

I have served my alma mater, Cornell University by leading the College of Agriculture and Life Sciences Alumni Association. I was a board member from 2001 and President from 2007 until 2008. I also have represented the College of Veterinary Medicine at several alumni functions. Cornell University has afforded me a lifetime of opportunities and I enjoy helping others attain their goals. In November of 2012 I was honored as an Outstanding Alumni Award winner by the Cornell University College of Agriculture and Life Sciences (http://cals.cornell.edu/get-involved/alumni/leadership-and-recognition/oaa/mitchell-kornet/)

Throughout the years I have invited a variety of community groups to Mid Island Animal Hospital to learn about veterinary medicine and the care of animals. We have opened our doors to nursery school groups, Brownie troops, hearing impaired students, and high school students. We are proud to educate our youth.

At Mid Island Animal Hospital we have a rapidly growing list of students who come to shadow us and were later accepted to the finest veterinary colleges. Several of the students have come back to us to

train, and some have even joined our staff. One of my passions is inspiring and mentoring students interested in veterinary medicine. My support of students has been recognized in Veterinary Legacy, a blog written by Dean Emeritus Donald Smith of Cornell University. The blog describes my path to becoming a veterinarian and my involvement with students (http://veterinarylegacy.blogspot.com/2011/10/dr-mitch-kornet-and-tradition-of.html)

After practicing over 30 years, I am as excited and enthusiastic about veterinary medicine as ever. In fact, I am never on time for work, I always get there early. It is my privilege to be a veterinarian.

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Britis: Mid Island Anima) Hospital (CC
Address: 264 W. Old Country Road
City, State and Zip Code: Jacksville Ny 11801
2. Entity's Vendor Identification Number:
3. Type of Business:Public CorpPartnershipJoint Venture
Ltd. Liability CoClosely Held CorpOther (specify)
4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):
Hickerille My 11801
Hickenille My 11801
Company of the Compan
5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section. M. Hold W. Old Correspondent Rd. 264 W. Old Correspondent
264 w. old Courty Rd
Hicksule My 1180)

Page 2 of 4
6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.
Norle
7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.
(a) Name, title, business address and telephone number of lobbyist(s):

Page 3 of 4

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.
(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):
8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.
The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.
Dated: Signed: Mi Wille House
Title:
LIUC.

AMENDMENT NO. 2 (Renewal)

THIS AMENDMENT, dated as of January 1, 2017 (together with the exhibit hereto, this "Amendment"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting on behalf of the County Department of Fire Commission, having its principal office at 1194 Prospect Avenue, Westbury, New York 11590 (the "Commission"), and (ii) Mid-Island Animal Hospital, Dr. Mitchell E. Kornet, having its principal office at 264 W. Old Country Road, Hicksville, New York 11801 (the "Contractor").

WITNESSETH:

WHEREAS, pursuant to County contract number CQFC15000002 between the County and the Contractor, executed on behalf of the County on February 27, 2015 and as amended by Amendment I, County contract number CLFC16000001, executed on behalf of the County on June 30, 2016 (the "Original Agreement"), the Contractor provides grooming and veterinary services as needed to canine "Umi" assigned to the Office of Fire Marshal, which services are more fully described in the Original Agreement (the services contemplated by the original Agreement, the "Services"); and

WHEREAS, the term of the Original Agreement was from October, 2014 through December 31, 2014, unless sooner terminated in accordance with the provisions of the Original Agreement, provided that the County may renew the Original Agreement under the same terms and conditions for three (3) additional one (1) year periods, of which two (2) additional one (1) year renewal terms have already been exercised, making the termination date of this Agreement December 31, 2016 (the "Original Term"); and

WHEREAS, the maximum amount that the County agreed to reimburse the Contractor for Services under the Original Agreement, as full compensation for the Services, was **Seven Thousand Dollars** (\$7,000.00) (the "Maximum Amount"); and

WHEREAS, the County desires to exercise its' remaining one (1) year option to renew by both extending the Original Term, increasing the Maximum Amount and adding an additional accelerant detection canine by the name of Leah;

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

1. <u>Renewal Term</u>. The Original Agreement shall be renewed and thereby extended for one (1) year so that the termination date of the Original Agreement, as amended by this Amendment (the "<u>Amended Agreement</u>") shall be December 31, 2017, subject to earlier termination as provided for under the Amended Agreement.

- 2. <u>Maximum Amount</u>. (a) The Maximum Amount in the Original Agreement shall be increased by an additional **Three Thousand Five Hundred Dollars (\$3,500.00)** per canine, or Seven Thousand Dollars (\$7,000.00), so that the maximum amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Fourteen Thousand Dollars (\$14,000.00) (the "<u>Amended Maximum Amount</u>"). (b) The additional funding encumbered pursuant to this Amended Agreement shall be billed according to the price schedule delineated in Attachment "A", and attached to the Original Agreement.
- 3. <u>Services.</u> Paragraph 2 of the Original Agreement shall be amended to include veterinary, grooming and emergency treatment services for "Leah", in addition to "Umi", both accelerant detection canines assigned to the Fire Marshal's Office, Fire Investigations Division.
- 4. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the remainder of the Amended Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the Contractor and the County have executed this Amendment as of the date first above written.

MID-ISLAND ANIMAL HOSPITAL, DR. MITCHELL E. KORNET

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Title:	num	7	
Date:	3-2x17	1	
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NASSAU COUN	TY		
D			
By:			
Name:			
Title: Deput	y County E	xecutive	

PLEASE EXECUTE IN <u>BLUE</u> INK

STATE OF NEW YORK)	
)ss.: COUNTY OF NASSAU)	
On the 28 day of March. in the year 201 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of March.; the corporation described herein and which executed the above instrument; and that he or signed his or her name thereto by authority of the board of directors of said corporation. NOTARY PUBLIC MICHELE A. SCARAZZINI	she
NOTARY PUBLIC-STATE OF NEW YORK No. 015C6106842 Qualified in Nassau County My Commission Expires March 15, 2000	4
STATE OF NEW YORK)	
)ss.: COUNTY OF NASSAU)	
On theday of in the year 201 before me personal came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of;	ly
sworn, did depose and say that he or she resides in the County of he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he o signed his or her name thereto pursuant to Section 205 of the County Government La Nassau County.	r she

NOTARY PUBLIC

Schedule A"

Mid Island Animal Hospital

Price Listing

Thursday, October 09, 2014

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	S	90.D0	Category	Name, nosi masa			
145 DAZPOPV + Rabies 2 years vac. with	• .			92 Technician Overnight Sun.	12em- on \$	350,00	
	e	90,00		92 Technician Overhight Con.	5 nm on \$	275,00	
. Lo m /DCD Rahies 1 year, Faby you.	\$	105.00		93 Technician Overnight Sat.	J pin on	200.00	
150 FVROP, Rabies, FeLV vac.	S			DA Tackgician Overnight Out	noe \$	0.00	
150 FVRDP Rabies, Carrine	\$ \$	60.00	,	A Prince - MEDBIYE	•	162.00	
154 Ferret Distemper Vaccine	\$	60.00	•	Land Control Pigging U	ALC .	0.00	
	5	78.00				_	
Les Caret Rangs Mi, Disternition	5	38,00				295,00	
	č	48.0	o 1	1601 Blood Transfusion Dog- 8	ingle unit \$	195.00	
Z w I = I = He MANYOUR HUISE 25 15	ř	38:0	κo '	1602 Blood Transitistor Bo	Hia 5	72.00	
(Jeanhaidh W. Oillei The	3	38.0	หา	1603 Fluid Therapy IV First Bo	\$	18.00	
	\$		10	1504 Fluid Therap Addil Hottle	5	50.00	
163 Lyme Series #2 w/ other vac.	444444	38.0	.⁄∪ ^Λ	1603 Fluid Therapy IV First 60 1604 Fluid Therap Addii Botile 1605 Fluid Therapy-daily care 1606 Extension Sel	\$	4.00	
163 Lyme Series #2 m on or ver	\$	40.0	בוג מיי	1606 Extension Sel 1607 Jugular Calheter 1608 Fluid therapy - burette 1609 Subcutaneous Fluids 1610 Fluids-Irrigation 500 mil	3	45.00	
LALENDE CHU Vaccine	\$	35.0	טט	+en7_wouldr Calheter	3	25.00	
es /8. C D Macrine (000)	\$	35.1	00	1007 Jugalar Carry - buretto	\$ \$		
- no 1 - Hongli (Fel.V) Vaccino	5	30.	00	1908 Hold Meleby	\$	35,00	
	\$	3Ś,	.00	1609 Subcutatiends From I	halt! \$	10.00	
	₽ 5		.00	1610 Fluids-Irligation 500 Kin	\$!Hed	5.00	
	Ď.		,00		\$	4,60	į.
170 Rabies Caratte Wolher Veccines	\$.00	1612 IV. Adapter cap	\$	4.00	ľ
171 Rables relina washing	\$			1613 Calheler cap	č	22.00)
171 Rables Fell HRV1 vaccine 173 DA2PCPV + RV1 vaccine	\$ \$	-	1.00	and a Distration	, 4	65.00	
1 774 DADECEN 4 RV4 VACOUIT	\$ \$		3,00	A S IC colleger diacement	\$ \$ \$ \$ \$	126.00	
1 475 EVR.GP + BY 1	\$	59	9,00				
1 476 CVR-CP + KY4	\$	3!	5.00 *				
	4		2.00	1616 Central Ven Press. Inc. 1618 Blood Transfusion Do	n- double unit		
	H A A A B B C T		5,00	1618 Blood Translusion Do	1820-1639)	0.0	i)
191 Corona vaconie with canine 192 Rabies Vacoine 1yr canine 193 Canine Rabies 2 years 194 Feline Rabies 1 year 195 Feline Rabies 2 years	Þ	7	5.00 5.00	TO A PROPERTY OF	1072-102-1	s 45.0	30
1 197 Hands Vaconic 17	Þ	-		acos tona Pakent UBIC	,	3.08	סנ
193 Canine Radies 2 years	5		15.00			\$ 62.0	30
194 Feline Rables Tyen	\$	4	45.00		<u>alization</u>	\$ 62.0 \$ 65.0	
195 Feline Rabius 2 years	\$		0.00	1623 Dogs < 21 lbs Hospital	italization	\$ 70.	
Caf shyw ook	3		24.00	1624 Dogs 21-50 los nus- 1625 Dogs > 51 los Hospit 1626 Ferrel Hospitalization 1627 Bird or Lab Animal H	alizatlon		
: agan Dinheaff Islut	9		39.00	1625 Dogs - Or inchite fine	1	· ·	
1 000 4 Grahaart 10.3 • 20ti		Ď	46,00	1626 Ferrel riosphanical b	lospil.	\$ 45	
3233 Proheatt 30.1-40#		ž	50.00	1627 Bird of Lab Artifica	N/		00.1
3234 prohead 40.1-50 #		₹	53.00	1627 Bite of Casymans 1628 Catheler placements	.1.4600.16395	\$ 0	C0.0
3234 proheat 40.1-70#		Ş		ABOO < Day Care-Roserva	M 1079-1000	\$ 150	00.0
1 3258 Profession 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$	62.00	1630 Intensive care	er anin reem		00.0
3259 Proheart 70,1 -80#		\$	51.00		1.1040-10001		2,00
3260 Proheart 80.1-90#		\$	70.00	1640 (HOSHTAL INVEO	5		0.00
nock Deciment St. 15100m		\$	95.00	1639 *Write In7		4	
And Dradd 100,1-100		5	110,00	IOSE ANDERED			
3450 Proheart > 150fl				Y TOTILOUIS AND TORY	TIVHOUSE-EXPEND	つがおアださ	
	ap UIC F!	3	C	rategory Name: INVENTORY		_	D DE
Dalegory Name: GROOMING-BATHING ST	rt/ Atom	-			nn-4999)	3	0.00
Ostedo, A conservation		b:	38,00	4300 (INVENTORY, 43	202\ 202\	\$	0.00
2000 Bath Medicated 20 top or less		5	40.00	1004 ASTUDS 6301291	امرين	5	B.D
		\$	42.00				10.0
		ê				Š	7.0
2002 Bain Medicated of the or more		Ş	46.00	72.07 Quadra LB0(8)(2)	1000000	\$	42,0
norm Reib Medicales of the or thore		\$	35.00	read that/ Collection (4)	i		48.0
and Rain-Cosmeiic		\$	24,00	4329 DAP Collar Med-	Ug.	\$	0.0
page Bath, hostony		\$	25.00	4329 DAP CODE MEC- 4400 (MAIMTAVARD	SUP. 4400-4499)	\$	
esco Ear Cleaning & Halls		\$	35.00	400 (MARIDAYAAD	D SUP 4500-4549)) \$	0.0
		5	44,00	. 256 AUGSCRAFN 1910	0.007	S	24.
	O#		45.00	2 4 4 7 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	JAO DOM	\$	2.
		\$		acto Datado 2102		\$	Ď.
		\$	00.00	Caled Ut engine as as	lin	\$	1.
2013 Bath-Definazors stransport	25	5	70,00	7=24 Supple 5-1400		5	2
			40,00	HARRA ALLES	0.0	Ų	
who Canada attack at the Parties		\$		Jena Surinnes Carby	iji.		
2023 Groom- share as her per house 2024 Groom - therapeutichmajo: 2005 Groom - therapeutichminor		ş S	20.00	Jena Surinnes Carby	90		

Mid Island Ammal Hospital						10=
			ADD D D D D D D D D D D D D D D D D D D	PRODUCT	DEF, PR)C=
- mmonuct	DEF.	PRICE	NAC DOG	PRODUCT DESCRIPTION F(HEMATOLOGY, 436-460) TENIGHIA carris filter B Buffy Coat	$\underline{(Qty = 1)}$	0,00
PRODUCT PRODUCT DESCRIPTION	(Qty	<u>= 1)</u>	<u>ID 43</u>	E (HEMATOLOGY, 436-460)	\$ 12	22,00
ID DESCRIPTION			43	7 Enlichia carris titer	ş :	25,00
Calegory Name: INVENTORY-INHOUSE-EXPEN	DABLE	s (Cont.	43	All Entitions can be a few and the action of the action o	5 1	00.00
Calegory Name: MYCH CIT	_	0.79	43	39 CBC (complete blood bothly)	\$ 1	30,0E
4522 Syringes 3cc 22g or 20g	\$ \$	6.00	4	40 Epsinophii Count	\$	23,00
4022 CALIBOR OF A	\$	18.00	4	41 PCV (nematocard)	\$	16,00
1 4557 Naedles box 18gx 1" -100	\$ \$	8.3	5 4	42 PCV Seliai	\$	80.00
4555 Pill Gun 4557 Needles box 18gx 1"-100 4558 Needles 18g x 1" 4559 Needle 20ga x 1"	Š	0.2	5 4	43 fron Profile	\$	36.00 37.00
4559 Needle 20ga x 1*	Ş	4,0	o 4	44 Plateic Court	\$	47.00
4592 Venoset 73" 4650-4799)	Š	0,0	io f	40 Presidente Count	\$ \$	154.00
4592 Venosel 73" 4650 (LABORATORY SUP., 4650-4799)		0,0	D O	47 Von Willebrand's Titer	\$ \$	92.00
4650 (LABORATORY 80F., 4000-4899) 4800 (OFFICE/COMPUTER, 4800-4899)	\$	2.0	00	448 Hyperthyroid check (1135)	\$ \$	95.00
	5	0.0	30	4d9 Protein/Creatine ratio (363)	\$	93.00
4999 Wille-Oll pervises				449 Protein/Orealth Louis (Inc. shipping)	5	170.00
Category Name: LABORATORY SERVICES				A CONCIDENTE		68.00
Category Name! LABORATOR I SSITE				ARY LISTAL ECS DIODG CHELLISH	Š	180.00
· ·	\$.00. .00.	rea Miledom Panel	\$	55.00
391 Cholesterol	\$.00 00		\$	240.00
392 Aldosterone Level 393 ACTH Response Feline	3		 00.(457 Immunophenorypic Ottaling 1011		and the
	\$).00 0.00	Olagnostic 458 Zonisamide Level- Antech	\$	191,00
* 393 ACTH Response Titer Cornell 394 Canine Influenza Titer Cornell	\$, 11	3,00		\$	196,00
	ì	- 1 <i>i</i>	ΟQ, Q		\$	72,00 0,00
	\$ 5	t 9	5.00		\$	00,00
1 AND PUR UNITED TO		ş ⊆ Ş, ⊆	5,00	452 Culture & SensAerobic	\$	00,38
		φ .	00.8)	55,00
399 Culture & Sers Cornoc Land	'	-			\$ \$	156.00
		\$	OO, ()	455 TLI Cenine Antech T230		135.00
	',	5	40.00	456 TUB12/Folate Artistin Sit 186	, ,	
401 Alkaline Phosphatase		v	40.00	(Papine)	S	116.00
400 (BCCOD refractions) 401 Alkaline Phosphatase 402 Amylase 403 Bilirubin (direct)		\$	43,00			132,00
403 Bilirubin (direct)		\$	43,00 80.00	467 Culture-anaeroord 468 Cultulure-Salmonella/Campri.	\$	132.00
403 Bilinbin (lotal) 404 Bilinbin (lotal) 405 TLI Feline Antech \$16800 406 BUN (azo-slix) 407 Calcium 408 accu Plex 4 409 Cholinesterase 410 Creatinine		\$	17.00	469 Culture-Blood 470 Culture-fungus swab (ANTECI	H) \$	61.00
405 ILI Fallia (270-68X)		\$ \$	45,00	470 Cultile-lungus areas (351)	\$	122.00
408 DOM (1990 NAM)		c	43.00	.ma C T.A	S	103.00 90.00
400 proff Plex 4		TD .	106.00	472 Free T4 473 Protein C test-Cornell U 474 TLI 812 Folde Texas Feline	\$	
And Challinesterase		ŝ	50.00	47.5 Flotesin B solute Texas Feline	\$ \$	
410 Creatinine		Š	90.88	175 Tuma CB 1851	э 5	· _ ·
411 Frustoszmine leat -diabetics		\$	4D.00	476 BNP Cerdiac Test	ק פרוביים ∽	
412 Glucose (sugar)		\$	92.00	ATT TUB! 2/F DIATE ASSESSED OF THE	D (Leune)	43.00
413 Calcium-lonized		\$	47.00	478 Triglyceride	٧٠.	5 122.00
407 Calcium-lonized & PTH(S15)	5 95)	\$	184,00	478 Triglyceride 479 Culture-feeal Sal, Camp, Shig	,1 ** }	\$ 0,00
	•	4	43.00 40.00	Jan Markaon Coo		ş 30.00
416 Phosphorus		\$ \$	75.00	481 Ear Mile Swab		\$ 38.00
418 CBC, Miniscreen (910)		> S	143,00	483 Fecal Examination 483 Fecal antech laboratory T81	J5'	\$ 43.00 \$ 53.00
419 CBC, SMA, UA		\$ \$	103.00	483 Fedal attraction Rock		
Jon SMA Profile (map)		\$ \$	121,00		Rest last aff	\$ 43.00
I AND CIMA PROTIE		5	74.00	486 Hearty/orth Exam (occult)		
\ \ \aggregation \ \aggreen \ \ag		\$	40,50	486 Heartworm Exam (occur) 487 Fecal-float and glardia elisa	i (test 400)	\$ 35,00 \$ 35,00
i zoa Total Protein		5	00.82	And Ship Schabilla		\$ 47.00
424 BUN/Creatinine		\$	139.00	and Hamahartonella		3 35.00
ADE DITH		\$	63,00	490 Ear cylology since		\$ 40,00
426 Sodium and Polassium		\$	81.00	ind Athennit		\$ 79.00
427 Bile Acids-pre		\$	123,00	uno Unamunomi (25) m l'albie		\$ 71.00
428 Bile Adide pre+post 429 Glucosa-sarial exam (ANT	ECH)	\$	118.00 18.00			\$ 81.00
429 Glucose-serial in house	•	Į,	18.00 143.90	494 Biopsy-margin eventualist		\$ 139,00
000fridevol had Lead		\$ 3	132.00	ing Congrat Unity 1951	cande SA350	n) 5 212.00 3 38.00
431 Cesquess-procession		5 3	20.0e	495 Fecal Paricustry		\$ 32.00 \$ 122.00
remiC-C ees		i Z	+0.05			\$ 122.00
ead Pro BMP Test		\$	- n	J 470 1 200 00 2		
1 (35 PTH, 60		,				Tyro: 8.26:17 AV
1			0	25 no 3		, p + w =

Mid Island Arrimat Prospital							
				ተ ከወጣጣዛሶኘ	DEF.	PRICE	
	DEF.	PRICE	PRODUC	T PRODUCT DESCRIPTION	(aty=	-1)	
PRODUCT PRODUCT	(Qty	= 1)	<u>ID</u>	Thyroid=FT4,T4,T5H,AutoAntibody	- 5	196.00)
ID DESCRIPTION			5:	26 / DAtoldar Latitation to the recent hand			
I STANGER ICONT	Y			(SA400) 57 Blood Collecting Fee	5	45.C	
.Category Name: LABORATORY SERVICES (Cont.	,		5	58 Cryptococcus liter	\$	122.0	
XCV office Classics	\$	350,00	_	ne E and nealth CRINICOY	\$	111.0	
499 Histopathology Lymphoma Profile VOX	\$.	0.00	, 5	550 T4-Post post medication (4-6 hours)	\$	56.0	טו
	\$	240.00				200.0	00
500 (PATHOLOW Exam/incl. collect	\$	81.00) ,	1496 561 FAVN Rabies Anlibody Tite: KSU w/o	5	20Q,t	10
502 Cytology and aspirate	\$	164.00	٧	akin		101.	no
502 Cytology 503 Fluid analysis & cytology 504 Fluid analysis and collection	3	191.00	, J	centume & RMSF (Ref-Antech38)	\$ \$	122.	
504 Find analysis and biopsy) 505 Histopathology (biopsy)	\$	113.0		rea Toyoniaemosis (Ob/QWLL1969)	\$	228.	
	\$	175.0 52.0	_	ZOJ Pacificatory MYDSIUS (ESL) 201	5	110	
	\$.	52.0 165.0	. •	- of Toyonlasmosis Idulian Vav	5	307	
	ζ δ	350.0		cec miningmentParvo liter 1000	5	122	£00
	\$	350.0	/·v	SET Thyroid Profile (4)14 SADIV	\$	38	3.00
	\$	350.4		588 Cortisol level	\$	127	2,00
E44 Negrobsy Service do los	\$	72.		569 Babesia canis liter	\$		00,0
512 B-12 (Anlech 838)	\$	32.		570 (TOXICOLOGY, 570-579)	Ş		2.00
CAO Appirala	\$ \$	52.		571 Digoxin Assay	\$		4.CO
	\$ \$	70.		572 Phenobarbital level 573 B12/Folale Assay (Antach S16195)	, \$		7.00
- e ou seeded linerii liga ione	Ş	185	.00.	573 B1 Zirdiale Asset (annual)		-	9,00
1	Š	81	.00.	574 Helicobacter test 575 FIP Elisa (7B) proteins	5		57,00
516 POR for M. Sangical mergin eval. 517 Biopsy-surgical mergin eval.	(05) \$	85	<i>0</i> 0,	576 Urinalysis-specific gravity	ş		21,00
EZA TEUZANONUM ALIU (NINDER)	300, F	400	0.00	21.9 Ollural are able on the	5		35.00 == 00
		495	5,00	578 Blood type	\$		75.00 80.00
ESS MARK COMMERCED CONTROL OF THE PROPERTY OF	5		0.00	ETA DIANK CIOSSING(SI)	\$		Q0.00 Q0.0
521 Acetylcholine receptor test		-	5.00	EEN AIROLOGY, SUUDELL	\$ \$		43.00
522 ACTH response test		-	3.00	con Tringlesis (COMPRIC)	٠ د		10.00
522 ACTH response test		~	00.5	Ego Hanalysis (Kelodiastix)	\$		20.00
523 Cortrosyn (per 0.10ml) 524 Dexamethasone Suppression test		~	2.00	583 Urinalysis (MUIII SIIX)	,		00.65
524 Dexametrisant OFF 525 Allergy Testing-19E			'5.00)6.00	nou ciù illor		5	110.00
526 Coombs test			35,00 35,00	EQUI Blood IACS Blue diagramment		5	21.00
		Ψ,	20,00 30,00	586 Urine Specific Gravity		\$	83.00
	Uliya		00.08	587 Stone analysis		5	42,00
	line		95.00	SBE PT		5	40.06
. I con ANA animusidat ditabut		\$	38,00	589 PTT		5	00.09
Los Ordology (ID DOUGE)		š 1	75.00	590 PT/PTT 591 OGT/Creatinine Ratio (code T91	3 0)	\$	90,00
t san GN/JMpstern BiOLIES		\$	57.00	592 Fibrinogen and D-dimer		\$	110.00 25,00
		\$	00. ta i			5 \$	166,00
533 Felina Laukema (FA) Test		\$	46,00	ENVIOLOT DATA DISTRIBUTION TO COMPANY		δ 5	83,00
535 FIV Test		Ş	65.00			\$	79,00
536 FIV/FeLV Test 537 Insulin/Glucose ratio		-	149.00			Š	117.00
537 InsulinGuides Fall (Michigal 538 Parathermone Calcium (Michigal	n)	5_	110.00			\$	143.00
		\$	110.00 275.09	598 Polassium promitie cova.		\$	00,0
539 Leptospirosis Titos Test-Tennessee		\$	101,00	coo alatin pi		\$	55.00
s at Danyovitis Asiyen		÷	148,00	610 PLI- Canine/Feline snap lest		3	250.00
and Protein Electrophoresis		S S	59.00	610 PLF Carmer and CSU + ship 624 Plaw Cylometry- CSU + ship	isl	\$	65,00
- in Designated Facial		\$	145.00	631 ACTH RESp. 41119			
EAA Facal aloha 1 p(olaase Hillionor		\$	43.00	Trilostane 531 ACTH Resp. 4 hrs & 5 hrs Pe		5	143,00
545 CPK serology Rollin		\$	85,00				
546 Lyme IgG		\$	20,00	Thiosania Unionia strosis Ag-U	rine	\$	262.00
	ante	\$	154,00	965 Trichomonas Fedal-PCR to 1	fexas	Ş	125.CO
and the second control of the contro	(2) (2) (2) (3)	5	101.00	205 Highornories Learn			
248 bok Hemahaanna : Array .		\$.	154,00	Category Name: MEDICATIONS DISPE	NSED-O	ΙÜ	
550 Zinc Test		\$	55,00	Campony reams, masses.		·	4,00
551 <u>T4</u>		S	90,86	91 Reporting Fee		9 5	C0,08
552 T3 553 Thyroid profis=TSH,FT4,T4 T	e5!	Š	175.00	acan keinkel		i i	15.00
223 THALOIG BLOWERS 2010		_	nna pn	opor Albon labs 250mg		4. 5	
(SA390) 554 Lyme Western Biolitest		3	223.00 57.05	2202 Albon Liquidica		5	
554 Lythe Wastam Sported Fev	e:	5	(31 JUD	2203 Albon Tales 125mg		•	
Doe Looki History				•			
							is a Dent Ald

				nnoh	מ דמונו	RODUCT	DEF. F	RICE
ነ ር ር ር ር ር	UCT PRODUCT				ין טעני	ESCRIPTION	(Qty =	1)
	DESCRIPTION	(Qty =	1)	ID		rimor 120	5	15,00
₽					2201 P	rimathoprim Sulfa Tabs 120mg	\$	15.00
	ory Name: MEDICATIONS DISPENSED-OTO	: (Cont.)			2200 1	rimethoprim Sulfa Taba 480mg	5	15.00
Catego	ry Name. m. Digitime				ZZ09 1	Enrolloxacin 5	\$	15.00
	2204 Amaxi-Drops 50mg/ml 15ml	\$	15.00		2290 2	Samil 22.7mg	\$	15,00
	2204 Amoxi-Drops Sung/ml 30ml	5	18,00		2291 t	Baytril 22,7mg	\$	15,00
	2206 Aluminum Hydroxide Powder 20dram	\$	15,00		2292 8	Baytril 68 mg	\$	125.00
	2206 Aluminum Hydrosoe Forder	\$	90,00		2293 (Delete in January	\$	15.00
	2207 Arnmonl! 500mg 100Dd	\$	15.00	ļ	2294 1	Enalapril 2.5 mg	\$	15.00
	2208 Amoxicillin Tabs 100mg	\$	15,00		2295	Enalapril 5 mg	2	15.00
	2209 Amoxidillin Tabs 150mg	5	15.00	}	2296	Enalapril 10mg	\$ \$	15.00
	2210 Amoxicillin Tabs 200mg	\$	15.00		2297	Orbax 22,7	*	15,00
	2211 Amoxicillin Tabs 400mg	\$	50.00		2298	Orbax 68mg	\$ \$ \$	15.00
	224.2 Ampicillin Caps 250mg	\$	60.00		2299	Enalapril 20mg	φ •	15.00
	2213 Ampicillin Caps 500mg	÷² 55	39.00		2360	Zeniquin 25 mg	Þ	15.00
	224 Allerdem Sool On	70	15.0		2301	Zeniquin 50 mg	\$	15.00
	2240 Clindamycin 8081 Z2Mg	\$	15.0		2307	Zenigula 100 mg	\$	
	2220 Adiirobs Caps Yamg	-\$	15.0		2303	Zeniguio 200 mg	\$	15.70
	2221 Aminabe 150Mg	ă.			2751	Amingohylline Tabs 100mg	\$	15.00
	2222 Clindamycin 150mg	\$	15.0		OF EA	Condavin 15ma(m) (fed)	S	18.00
	2223 Glindamych Drops	*****************	12.0		2302	Cardoxin US ,05mg/ml (grn)	\$ 5	18,00
	2724 Cefa Tabs 50mg	\$	15.0		2354	Tussigon Tablets 5 mg	5	19.00
	2225 Cela Tabs 100mg	\$	15.0		2357	Hydrocodone Syrup /oz	\$	19,00
	2226 Cela Tabs 200mg	\$	15.0		2000	Sulfasalazins	\$	9,00
	2227 Celadrops 15ml	\$	14.0		2000 0051	7 Adequan	\$ 13 th 13 th	118,00
	2727 Ceraulops tom	\$	12.		230	8 Midazapine 15mg	5	15,00
	2228 Cerumite	\$	127		Z554	g Lasix Tabs 12.5mg	\$	15,00
	2229 Clindamyoin 75mg 2230 Chloramphanicol Palmatate 100mg/m	3	18.	DO.	230	g (23K 1655 12.5mg	55	15,00
	2230 Chloramphanicon amateus (2016)				230	O Lasix Tabs 50mg	S	150.00
	per az	\$	15.	.00.	236	1 Hypoimmune serum 2 Hydroxyures 300mg Capsules		15.00
	2234 Chloramphenicol Tabs 50mg	Š	15	.00,	235	2 Hydroxytites adding Onpanice	\$	15,00
	2232 Chloramphenico! Tabs 100mg	Š		00.	238	53 Minazapine 7.5mg	Š	15.00
	2233 Chloremphenicol Tabs 250mg	\$.00	236	54 Lasix 40mg	\$	15.00
	രവർ Chloramphenicol (855 യഗ്നി9	ç		,00	236	55 Lasix 20mg	Š	112.00
	2225. Chiaramphenicol 1805 1 90	明必要的各种		5,00	240	00 Tilexis 5 -10#	Ę	115.00
	2236 Clavamox Tabs 62,5mg	\$		5,00	240	01 Tiffexis 10.1-20#	\$ 5	120.00
i	2237 Clavamox 1258 125mg	6		5.00	24	02 Trifexis 20.1 - 40#	\$	122.00
1	nosa, Clavamox Tabs 250mg	ς.		4.00	24	03 Trifexis 40.1-60 #	\$	125,00
•	2239 Clavamox Tabs 375mg	*		9,00	24	04 Trifexts 60.1-120 #	\$	7.00
]	ววงศา Clavamox Drops	ų.		0.00	24	105 Arquel tablets 20 mg	₹	13.0
1	2241 Celadrops 50 ml	\$		5.00			\$	54.0
1	2072 Sientral 2001	5		5,00	2/	kas cradine Plus deg 23 to 44 m	5	57.0
1	22/3 Ceropia 24 mg 4 tableVOK	¥	1		2	ran Eradine Plus Cals	Ų	
	2244 Carania 60 mp 4 (20/20/0X	5	2	00,62	A	143 Grading Dire done UD to 44ff	5	53.0
i	2245 Gerenie 160 mg 4 tablet/pk	W 10 10 11		38.00		JI Z Evanikaa Phia 6905 405 00 ff	\$	55.0
1	anus Stentrol 50ml	\$	16	9.00		TAR Committee Outs 0005 00" LAA "	\$	56,0
	2247 Gerenia 16mg 4 tablet pkg	3		15,00		1347 Nov Cord 10 1 5 248 9 30900	\$	52.0
i	2253 <open>0</open>	,	•	0.00	F:	いてんか ちしっとりって フォーニがけ ほうけいせいし		63.0
į	need Versiley 25mg/ml 15ml		•	35.00	,	2440 Nov Cord 50.1 - 121 # 3 H3H1	n S	
i	2262 Metronidazole Suspension 50mg/	ml per 🗆	\$	15.00	,	NUMBER OF STREET AND STREET		
					,	2453 Acepromazine Tabs 25mg		15.
1	ez. 2264 Metronidazole 250mg		\$	15.00		2.45 4 Ellerists 60 100		\$ 15.
1	2265 Metronidazole 500mg		5	15.00		2455 Filanbits 120 mg 100 tablets		\$ 15.
i	SSP2 Metrolingstore approx		\$	15.00		5 JEC 18,4585 180 H30		5 19
	2266 Lysodren 2268 Metronidatiole 62.5 mg tablet		\$	15.00		2456 Fliaribits 180 mg 2461 Chlorpheniramine Tabs 4mg		3 15
	2268 Metroridazole 52.5 mg teo 3. 2274 Cephalexin orei suspension 250/	ant bil.	\$	32.00		2481 Phenobarbital Tabs 1/Agr		s 19
	2274 Cephalexin oral suspension zoo		\$	15.00		248) Phenobarolial Table 1/2n:		\$ 15
	2276 Caphalexin 500mg		Š	15.00		2482 Phenobarbilal Tabs 1/2gr		5 19
!	2277 Cephalexin CAPSULES 250mg		\$	15.00		2463 Phenobarbital 1gr	1	\$ 5
	2278 Tebracyclinė Caps Zburng		\$	15.00		2484 Phenylbutezone Tabs 100mg		\$ 40
	2279 Tetracycline Caps butting		\$	15.00		2485 Polassium Eromice Took.		\$ 13
:	2280 Primor 240		2 D	15,00		OARE Zonisamide ZDMG		\$ 1
ı	2281 Primor 600		ų S	15,00		2487 Zonisamids 100m3		\$ 3
	222 Odmer 1200		\$ \$ \$	12.00		2488 Gentle Leader Mi		\$ 5
	2283 Tribdssen Orz Susp. 49mg/mi		Þ			0400 Macari		\$ \$
- 1	7502 Hansan org to b							
'	2284 Tribrissen Tabs 30mg 2285 Tribrissen Tabs 120mg		ş S	12.00 12.00		2490 Glucolest Purinz Feline 1pk	j	\$

_ግ ራሴ።	CT PRODUCT DESCRIPTION	DEF. F	RICE PROF	DUCT PRODUCT DESCRIPTION 2500 Malaket Wipes 50ct 2504 Panelog Olyment 15ml	1575	=, PRIC y = 1)	
	Perceletion	(Qty =	1) 10	DESCRIPTION 2600 Malakat Wipes 50ct 2601 Panclog Ointment 15ml 2602 Panalog Ointment 30 ml 2603 Mupirosin Oint. 2% 22g 2604 Neo-Poly-Dex drops 2605 Nao-Poly-Dex Oint Dexasporin 2606 Dexamethasone ophthalmic drops 2607 Neo-poly Gramicidin Orops 10ml 2606 Tresaderin Solution 15ml 2700 Percortin-V and synnges 2701 Pelitiol 2702 Doxepin 10mg 2703 Doxepin 25mg 2704 Doxepin 50 mg 2705 Doxepin 75mg 2707 Buprenex syringe 2708 Doxirobe application 2709 Prazosin 1 mg capsule 2750 Mitaban dip bottile 2751 Eyewash 2752 Injection-Doxycycline 100 mg viail	3	15.	.00.
)	UESCRIF HOR			2600 Majaksi Wipes occi	5	14	.00.
	y Name: MEDICATIONS DISPENSED-OTC	(Cont.)		2601 Panding Ordinated Total	5	24	.00
alegor	y Name: MEDICATIONS DIGITETY TO TE	1=		2602 Panalog Ulniment Sortio	ž		00,6
		è	9.00	2603 Mupirocin Olni. 2% 249	ť		.00
	2491 Valium Tabs 2492 Oxyglobin 125 ml 2493 Sucralfate tablets 2494 Genesis Spray 2496 Syringe filled with medication	٠ <u>٠</u>	210.00	2604 Neo-Poly-Dex drops	\$		1.CO
	2492 Oxyglabin 125 ml	3	15.00	2605 Neo-Poly-Dex Oin! Dexasporin	3		4.00
,	2493 Sucralfate tablets	\$		2606 Dexamelhasone ophlhalmic drops	<u>ې</u>		
:	2493 Google Spray	\$	31.00	2607 Merapoly Gramicidin Drops 10ml	5		5.00
	2494 Genesis Opray	\$	8.00	2007 Mediated Sciution 15ml	Ş		9,00
	2496 Synnge med inti mean	\$	15.00	2010 Departin V and synoges	\$		00.0
	2497 DMSO 2498 Potassium Bromide 250mg / 60 tablets	\$	24.00	SAM Selection	\$		2,00
	2498 Polassium Dioting Asomy	\$	20,00	270) Pelilioi	S GA FA	1	5.00
	2499 Glycotlex 250 tentels	2	15,00	2702 Uoxepiii 10iiig	S	1	5.00
	2500 Oral Cleansing Gel	5	32.00	2703 Doxepin Zaing		1	5.00
	2501 Timentin antibiotic-potite	\$	24,00	2704 Doxepin 50 mg	5		5.00
	2502 Melacam	Ď.	33,00	2705 Doxepin 75mg	\$. '	4.50
	7503 Enjeyl-F 100ml Pump	Þ.		2707 Buorenex syringe	3		
	nont Mamhine CRilday	S	23,00	2708 Chavitable application	\$	70	05.00
	acos Dulambana CRI	ទសសសស ស	23.00	2700 Pearsin 1 mg capsule	\$		15,00
	ZOUD BUIDIPITATION OF THE	\$	37.00	erro Mitchen din holitis	\$		42,00
	2506 Atopica 10mg	\$	41,00	NUMBER OF PARTIES	F	j	00,8
	2498 Potassium Bremide 250mg / 60 tablets 2493 Glycoflex 250 tablets 2500 Oral Cleansing Gel 2501 Timentin antibiotic—bottle 2502 Melecam 2503 Enlayt-F 100ml Pump 2504 Morphine CRI/day 2505 Butorphanol CRI 2506 Atopica 100mg 2507 Atopica 25mg 2508 Atopica 50mg 2509 Atopica 100mg	\$	64.00	2751 Eyevash 2752 Injection-Doxycycline 100 mg vial	Ş		14.CO
	2508 Alopica 50mg	\$	105.00	2752 Injection-DoxyCycline 100 mg 400			30.00
	2509 Atopica 100mg	\$	7.60	2753 Cefolixin Bottle	dal 9	έ	00.08
	2509 Alepica Tooling 2510 Suspension, Chicken Flavored 1cz	4	15.00	2754 Ampicillin w/Sulosofam 1,5g w/pr	eb tark) o	15.00
	2511 Opeint from packet/3 tablets	۵	15,00	2799 Simplicel 200	•	⊅ -	
	25 TO Marion for Cals 5 ml Vial	S.	45.00	agon Simplicer 100mg		\$	15,00
	2512 Alapida tai Obio omi BMI.	\$	18.00	2004 Addicial Tears Opht Soln		\$	15.00
	2513 Millazapine 7.5mg/mill	\$	15.00	2001 Attended Tears girling III		\$	00.61
	2515 Apaquei 3.cmg	\$	15.00	2802 Annicial February 1%		5	32.00
	2516 Apoquel 5.4 mg	5	15.0Q	2805 Atropine Optil Olimera 170		5	35.00
	2517 Apaquel 16 mg	*:	10.00	2806 Palitacosis setum inel		\$	13.00
	2555 Bitter Apple 8 oz.	٠	105.00	2807 Chloramphen Ophi Tac 3.5mg		ć	15.00
	2857 Ivlan	,	15.00	2808 Chloramphen Opht Soin U.5%			15.00
	nese Cynrobeniadine 4mg.	Ş.	13.00	obimargologia enec		39	9.00
	acco. Mudrongine 10 mg.	5	15.00	2810 Fur-Otic		\$	
ļ	NOCE Hydroxymin to me.	3	15.00	gets BurnOlic HC		Ş	10.00
ļ	2550 Hydroxyzona zo ma	5	15.00	and Contario (aniv) Orbit Sala		\$	14,00
]	2561 Hydroxyzine ou my	S	15,00	2813 Geniosin (only) opin		\$	9,00
ì	2562 Lomalii	S	15.00	2814 Gentocki Duramin Opini		2	14.00
1	2563 Medizine 25 mg.	Š	27.00	2815 Genlooin Ophi Ommorit		5	14.00
ì	2564 Tylan .25 bollle		12.00	2816 Genicoln Otic Soin 1.000		5	18.00
1	2568 Cynroheoladina Syruplourice	3	9.00	2817 Gentooin Otic and DMSU		٠	18.00
ነ	acca Leagramide 289	3	00.00	2818 Olemax		3.	15.00
ì	2000 Copyramina o		90,00	2819 Genlodin Olic 15 tol		35	
ì	2014 Freen	;	5 15.00	2820 Momelamsx		5	34.00
1	ZO73 TORRESTAND 100mg		\$ 15.00	nond Econic 10 Mil		5	36.00
!	2575 Hydroxyzina Toonig		00.61	ZOZI EBSONO TO WA		\$	31.00
	2575 Goodwing Ointment 102		\$ 55,00	28ZZ Surotan Tooli		\$	5.00
1	2578 Glincare Liquid case 12		5 8.00	2824 Necy Calgiticon Sylvey		\$	21,00
)	2509 Atopica 100mg 2510 Suspension, Chicken Flavored 1cz 2511 Onsior 6mg packet/3 tablets 2512 Alopica for Cets 5 ml vial 2513 Micrazapine 7.5mg/ml 5ML 2515 Apoquel 3.6mg 2516 Apoquel 3.6mg 2517 Apoquel 16 mg 2517 Apoquel 16 mg 2555 Bitter Apple 8 oz. 2557 Tylan 2558 Cyprohaptadine 4mg. 2559 Hydroxyzine 16 mg. 2560 Hydroxyzine 25 mg. 2561 Hydroxyzine 50 mg. 2562 Lomoill 2563 Medizine 25 mg. 2564 Tylan, 25 bottle 2568 Cyprohaptadine Syrup/ounce 2569 Loperamide 2mg 2572 Proefit 2573 Torbutrol 5mg 2575 Hydroxyzine 100mg 2575 Goodwinol Ointment 1cz 2578 Glincare Liquid case 12 2579 Clinicare Liquid Con 2580 Liquishlor Ointment 10ml 2581 Lactulose syrup - 14 ounces 2562 Mitox Liquid 12ml 2583 Disenzyline 2.5mg		12.00 9.00 90.00 15.00 15.00 15.00 15.00 15.00 15.00 10.00	2753 Cetolixin Bottle 2754 Ampicillin w/Subaetam 1,5g w/pr 2759 Simplicef 200 2800 Simplicef 100mp 2801 Artificial Tears opht Soin 2802 Artificial Tears ointment 2805 Atropine Opth Ointment 1% 2805 Atropine Opth Ointment 1% 2806 Psittacosis serum itter 2807 Chtoramphen Opht 1% 3,5mg 2808 Chtoramphen Opht 1% 3,5mg 2809 Metoclopramide 2810 Bur-Otic 2811 Bur-Otic HC 2813 Gentocin (only) Opht Soin 2814 Gentocin Opht Ointment 2815 Gentocin Opht Ointment 2815 Gentocin Othe Soin 7,5ml 2815 Gentocin Otic soin 7,5ml 2817 Gentocin Otic and DMSO 2818 Olomax 2819 Gentocin Otic 15 ml 2820 Mometamax 2821 EasOtic 10 Mt 2822 Surotan 15ml 2824 Neo-Calglucon syrup 2825 Dictofenec Solution 2,5ml 2826 Adams Flea Dip 4oz 2862 Adams Flea Off Dual II 3oz	\ 5 .6	Ś	18.00
i	2580 Liquishlor Ointment 10ml		\$ 15.00	2828 Vetropolycin Ophi Cintment :	ان مره. و	ç	13.0
1	2581 Laciulose syrub - /4 punces		φ 30.000 π p.nn	2856 Adams Flea Dip 40Z		Ş	9.0
-{	2582 Milox Liquid 12ml		\$ 8.00	2856 Adams Flea Dip 452 2862 Adams Flea Off Dual II 302		Ş	
]	2002 Disensation 2 5mg		\$ 15.00				14,0
1	2583 Dipenzyline 2,5mg			and discounting of ma bouile of 0	ļ	\$	60.0
	2584 Lactulose ayrup-bollie		\$ 7,G0	2567 Cloringalia Ab ing business and other 30 of		5	44.0
	2585 Dilliazem transdermal/syringe		\$ 33.00	2868 Clomicalm 5mg bottle 30 ct		\$	78.0
ļ	osas Nalvadent 402.		5 15.00	. and Comissim Kilma Dunic dust		\$	24 (
	25.87 Dipenzaline 5mg capsules			2870 Preddisolone Acetate Utops		5	4.0
i	SEON TR KAIN Flush			S 2901 Domeboros solution		Ş.	12.
i i	2591 Chlorhexidem Olic Soln 100		5 12.00	້. ວຽງງາງ DuraKyl Dio 400			44.
	2592 MalAcetic Otlo 8 flox.		s 21,0	" ones Miconarde Shampoo		5-	
	52ax Maryorin Otto a marr		5 19.0	DOTA COME TWO WAY HER IQUM		ş	14.
	2593 Oli-olens 403		5 14.0	0 2974 Sectrol Two-Way Pet Spry	1501	3	12.
	2594 Pyoben Gel 1oz		5 14.0			٤	35
	5895 TrizEDTA All of.		\$ 13.0	n 2976 Preventic Dog Tier, delical		5	138
	2595 Fan Otic 201		0.61 2.61 2	So 300; MCT Off		5	12
	opoz Giorgia lebiela		•	2040 MAG dir		5	46
	near Animay/EnteDerm Uniment		\$ 14.6 5 13.0	"" acon U Pam Clabs # E0032134	32	ì	Ü
	2599 Malaseb Pledgels 60 of						

		DES. P	RICE	PROF	Դան	PRODUCT	DEF, F	
20S	DUCT PRODUCT	(C)(ty =		ID		DESCRIPTION	_ <u> </u>	
D	DESCRIPTION	1000	<u>'./</u>		333	r. F.T. Toolhbrush	\$	5.00
		e (Cant)			3334	c.E.T. Chews Canine Medium	\$	15,00
Categ	ory Name: MEDICATIONS DISPENSED-OT	o journs			3335	C.E.T. Toolhoaste	\$	11.00
-		\$	12.00		3338	r. F. f. fingerbrush	Ş	5.00
	3021 Knockoul premise spray	\$ \$	13.00		2223	c.F.T. Chews Canine large 30cl	S	19.00
	3030 VIP CAT DIP	Ş	49.00		3338	c.E.T. Cat Oral Hygiene Kit	\$ \$	10.00
	2022 Caling Aid 8.5#		37,00		3339	c.E.T. Chews Pelite 24ea	\$	9.00
	2033, Feline M/D 5.5 cz. 24 cans/case	\$	72.00		3340	c F T, Chave CATS 30ct.	5	18.00
	3100 Cosequin DS#132 3101 Bayiril Injectable 3102 Cosequin- small animals	\$	35.00		3341	⊕ F.T. Chews XLG 30 cl	\$	30,00
	3101 Bayiril injectable	\$			70 10	LIALA Kal-Sharabea B fl no	3	17.00
	3102 Cosequin- small animals	\$	58.00		ささり あ	BPO-3 Medicated Shampoo Chlorhexidine Shampoo 4%	\$	13.00
	3103 Baytril Otic	\$	23.00		22.14	Chlorbezidine Shampoo 4%	5	15.00
	3104 Cosecuin for Cals	3	27.00		22.42	TrizChlor 4 Spray 802	\$	16.00
	3105 AdhriMax for Cata 6 oz.	\$	39,00			3 Vitamin K Tablet 5mg	\$	15.00
	3103 Baytril Otic 3104 Cosequin for Cats 3105 ArthrilMax for Cats 5 oz. 3106 Dasuquin for Cats 84ct 3107 Dasuquin Sm-Med Dog 150ct 3108 Dasuquin LG, Dog 150 ct. 3115 Centrine Tebs 0,2mg	3	32.00		3330	9 Vitamin K Tablets 25 mg	\$	15.00
	3107 Dasuruin Sm-Med Dog 150cl	S	82.00		3396	a Theophylline CR 200mg	Š	15.00
	3109 Description LG, Dog 150 ct.	\$	94.00		340	(Theophylline CR 200mg	5.	15.00
	2115 Centine Tebs 0.2mg	\$	10.00	3	340	1 Theophylline CR 300mg	r.	15.00
	3122 Laxalone 2.5oz	\$	9.0		340.	1 Theophylline CR 300mg 2 Theophylline extend 100mg 3 B-12 injectable 100ml bottle 4 B 12 injectable 10ml w/syringes	Š	15,00
	3129 Tagamet Tabs 200mg	\$	1,2	0	340	3 B-12 injectable Tourn bottle	č	20,00
	3130 Tagamat 300mg	***	1.3		340	A D JN IUBotspie Total Augustinges	ស	20.00
	3131 Mephyton Tablets	\$	9.0	D	340	6 Meropenem 509mg/vial	₩.	118.00
	3133 Pancreazyme Powder Boz	\$	125.0	O	341	D Staph Lysale Inj	\$	22.00
	31 33 Pancreazyme i Onesi ova	\$ \$	175.0	0	341	1 Synotic 8 mil	\$	24.00
	3134 Pancreazyme 12 oz	5	0.0	0	341	2 Synotic with Banamine	ş	62,00
	3135 Viokase Tabs 425mg	5	16.0	iO.	341	(4 Synotic (10ml) with Baytril 10(ml)	Ş Ş	15.00
	3137 Miconozole Lation	អ្ <i>មស្សម្មាធម្មាធម្មាស្ម</i>	15.0	Ö	341	17 Oplixcare	\$	70,00
	3138 Pet-Tinic	Š	39.0	00	341	te Autologous Serum	э \$	
	3223 Hearigard 1-25#	5	47.0		348	51 Tobramycin Sml	\$ \$	24.00
	3224 Heartgard 26-50#	4	58.0		34	57 Drontal Plus Small 2-25# 59 Drontal Plus Medium 26-60#	<i>p</i>	15,00
	3225 Heartgard 51-100#	÷	42.5		34	59 Drontal Plus Medium 26-60#	\$	16.40
	3232 Proheart 20.1 -30#	Ψ.	54,		3.4	so Drantal Pius Large > 408	Ÿ	29.30
	3235 Proheart 50.1-60#	Ψ.	48.		34	60 Panacur 10 pound packet (3 per par	sk) 5	15.00
	3236 Sentinel 2 to 10#	e.	50.		2.4	et Panacur 20 nounds	\$	15.00
	3237 Sentinet 11 to 25#	r.	58.		34	ist: Panzour 40 pound packet (3 per par	ckel) \$	18.00
	3238 Sentinel 26 to 50#	ę.	58.		34	164 Panacur liquid/ ounce	Ş	12.00
	3239 Sentinel 51 to 100#		15.		34	tes Antoryl 15 mg / 30 tabs	\$	113.00
	3240 Vetmedin 1.25mg	3 \$.00	34	466 Anicryl 10mg/30 teblets	5	105.00
	3241 Vetmedin 2.5mg	\$.00.	34	467 Anipryl 5mg/30 labs	\$	100,00
	3232 Revolution pup/kit <5# 3pack	÷.	105		ž	488 Anipryl 30 mg/30st	\$	115.00
	3243 Revolution Cals 5-15# 6pack	\$ \$			4	469 Anipryl 2mg/30 Tablets	\$	98.00
	3744 Revolution dog 05-10# 5pack)	103		₹.	470 DermaBanSs shampoo 12oz	5	19.00
	3245 Revolution dog 11-205 Chack	\$	103		7	471 Capsule-empty galatin	5	2.00
	agza Revolution dog 21-40# 5pack	\$	105		3	472 Oplichamber and mask	5	85,00
	3247 Revolution dog 41-85# 6pack	\$),00 r.co	7	utra Dermazole Shampoo 8 fl bz.	\$	29.00
	3248 Capstar 2-25 single dose	\$		7.00		usa Ofinyacin Dobilialmic Drops	\$	15,00
	3249 Capstar over 25# single dose	****		3,00	5	3495 Cortiscothe/Hydrocortisane 1%	\$	26,00
	3250 Capstar 2-25 Package	\$		2,00		Shampoo Shamboo		
:	9251 Capstar over 25# package	\$		3.00	,	Brianpoo 3497 Resicort Conditioner	S	30,00
1	3252 Revolution Cats 5-15# 3pack			9.00		1997 Residuit Outrollioner	S	15.00
	3253 Revolution dog D5-10# 3pack	5		9,60	í	3498 Elogesic 300 mg	Š	
	3254 Revolution dog 11-20# 3pack	\$	6	0.00		3499 ABS Anilbarking Collar	\$	
į	3256 Revolution dog 21-40# 3pack	\$	5	9.00		3500 Panmyoin Aquadrops	\$	
1	3256 Revolution dog 41-85# 3pack	\$	E	3.00		3501 Prozino	\$	35.0
	3257 Revolution dog 85-130# 3pack	Š	8	C0.08		3502 Felivray	¥ \$	45,0
	3270 Vetmedin 5mg tablet	\$		(5,00		3503 Denosyl SD4 225mg	\$	
	3304 Diethylstilbesterol Tabs 1mg	\$		15.00		3504 Denosyl SD4 90mg	Ş	15.0
:	3305 Incurin 1mg/tablel 30 qty	5		24.00		3505 Elogasic 150mg	5	
	3300 BIGUIN HIGHERE DO (F)	\$		00.88		3506 C.E.T. Oral Rinse		
	3345 Optimmune	\$		44,00		3507 Ciproflexacin Ophlinalmic Drops	5	
1	3317 Cyclosporin of 2%	ŝ		15.00		3509 Denamarin 90mg		35,6
	3322 Trytoid Tabe 0.6mg/100	Ş		15,00		3510 Denamarin 225mg		\$ 52.0
	3323 Thyroid Tabs 0.2mg/103	5		15,00		3511 Denamarin 425mg		5 89.0
	3324 Thyroid Tabs 6.3mg/100	\$ \$		18.CC		3512 Denosyl 425mg 30ct		5 53.0
	3320 Baoloderm 3331 C.E.T.Demal Care Kill			14.00		2515 Reconcile 8 mg 30 leblels		§ 46.

		DEF	PRICE	PROD	DUCT PR	ODUCT		=. PRK y = 1)	~ ⊏
RODU	CT PRODUCT DESCRIPTION	(Qty	,, = 41	10			[a c		5.00
)	DESCRIPTION	Like			3735 De	moscent Spot-on 4 pipettes 0-22 #	ֆ	20	0,00
		(Cont.)	١.		· · ·	-		31	00,0
atedo:	y Name: MEDICATIONS DISPENSED-OTC	COUNT	r		3736 De	g mascani Spol-on 4 pipeties 22-45	н 🕹		2,00
		\$	15.0	Ω	Do	9	# S	3'	2.00
,	2557 Refiel Shampoo Boz. 3558 Pramoderm Shampoo 8 oz.	\$	12.0		3737 De	ra Ermoscent Spot-on 4 pipettes 45-90	# 4		
	3558 Pramoderm Shampoo 6 oz.	\$	10.0		Dt)Q	S	2	8.00
	3559 Epi-Soothe 2560 Betadine solution 3563 Allerseb-T shampoo 8 cz. 3565 Dermallay Spray 12oz 3565 Dermalyte Shampoo 12 cz 3565 Lyme olus dlo 16oz	\$	9.0		3736 De	ermoscent Spot-on 4 pipeties Cal	·		00.8
	2560 Beladine solution	٠ 3	12.0		3756 D	erm caps erm Caps ES #60 mega Tri-V Liquid Boz. mega Tri-V Caps Medium 60ct	\$		00.09
	3563 Allersab-T shampon 8 cz.	\$	13,0		3757 D	ermi Caps ES #60			90,09
	2564 Dermallay Spray 120z	ş	44.0		3762 O	mega Tri-V Liquid Boz.	\$ \$		12.00
	3565 DermaLyte Shampoo 12 oz	\$ \$	22.		3764 O	mega Tri-V Caps Medium 60cl	\$		82,00
	3566 Lyme plus dip 160z	Þ	15.		3768 V	etoryl 30mg 30 capsules	۶		00,58
	3566 Lyme plus dlp 16ox 3567 Potassium Gluconate Tablete	\$		00	3769 V	mega Tri-V Caps Medium oder etoryl 30mg 30 capsules etoryl 10mg 30 capsules knega Tri-V Caps Large 60ct letoryl 60 mg 30 caps supplical 5.0oz Jolyasar Soln 4oz. Pel Cal 60 Tablets ylethimazole transdermal/syring	\$		
	3568 Forbid	\$			3770 C	mega Tri-V Caps Large 60ct	5		17.00
	acco Malvasan Shampoo 8 ounces	Ş	27		3771 V	letoryl 80 mg 30 caps	\$		04,00
	assa Coura Shamoo 6.8 cz	\$ \$ \$,00	3776.9	Supplical 5.00Z	\$		7.00
	3570 Dougley 500 lablets	\$.00	3777 h	Jolyasan Soin 4oz.	3		12.00
	3571 Gryddiad Cardyde 3% (SPO-	\$	าธ	.00	377A S	oal Cal 60 Tablets	\$		17.00
	3568 Forbid 3569 Noivasan Shampoo 8 ounces 3570 Douxo Shampoo 5.8 cz 3571 Glycoflex 500 lablels 3572 Benzoyl Peroxide 3% (5PO- 3)Shampoo 16oz				3770	Pel Cal 60 Tablets ylelhimazole transdemal/syring	\$ \$		5.00
	Systiampoor too	\$		1.00	3775 i	vieininazilie ii anautikkaasykkii Vieihimazole 5mg Tablets Pel-tabs #60 Pel-Cal 180 Tablets	5		15,00
	3573 Oxydex Pr Shanpo 6oz 3574 Oxydex Shampoo 6oz 3575 Sulfoxydex B ounces 3576 Mycodex Pearlescent 3577 Clinicare powder 3578 Terramycin oph, ciniment 3579 Sebalyt Shampoo 8oz	\$		00,6	270%	Palitahs #60	<u> </u>		14.00
	35/4 Oxydex Shampes see	\$		1.00	2707	Pet-Cal 180 Tablets	3	,	45,00
	3575 Sunoxyoex o cancer	\$		9,00	2109	NulriVed	5	ذ	8.00
	3576 Mycodex Peanescent	\$		8,00	3/00	-Musiden noners - IOI		ē	13.00
	3577 Clinicare powder	5	2	3.00	3/8/	Puladimi parera	3	ō	18,00
	3578 Terramycin opn, dininerii	\$	1	2.00	3788	PRACE BRITE ARREST CON	:	\$	17,00
	3579 Sebalyt Shampoo Bez	5	4	Q0,0	3789	Nutrived pHydrion papers - roll Favor Feline Vitamin 60ct Pel-tabs Plus 60ct Felovite Cisapnide 5mg Etemidate vial Felimazole 5 mg 100ct Bottle Felimazole 5mg 100ct Bottle Felimazole 5mg V.A.L. synup bottle		(A 6) (A)	7.00
	3580 Miconazole and Synolic Suspension	. 5		00.9	3790	Felovile		\$	15.00
	3581 Mycodex with Alrethnn		1	5.00	3791	Cisapnoe amg		\$	39.00
	3583 Dexamelhasone labs 0,5mg	÷		09,01	3792	Elemidate vial		\$	30,00
	3584 Pearlyt Shampoo 12 oz	č		17,00	3793	Felimazole 5 mg 1000, porte		Š	25.00
	3585 Malaseb Shampeo	少安 安 安 安 安 安 安		8.00	3794	Fellmazole 2.5mg 10000 bottle		5 S \$	15,00
	3594 Chloramphenical Oph. Omment	e.		28.00	3798	i, Felimazole SMQ		\$	12.00
	3595 Erythromysin Ophthalmis Oint.	42		46,00	3799	6 Felimazole 2.5mg		\$	42.00
	3536 Idoxuridine Opinalmic Oint.	4		32,00	380(V.A.L. syrup bottle		Š	41.00
	3597 Idoxuridine ophthalmic sol.	Ψ.		16.00	380	Duragesic pain medication 25ug		5	60.00
	3604 Renacare Gel/ Renal K	φ. Ψ		15.00	วมก	2 Duradesic pain medicalian 3309		Š	50,00
	agos Proin 75mg	.0		15.00	າວກ	a Justicerija 50m)		\$	70.00
	and ProbVuillex 25mg	4		15.00	380	4 Duracesic pain medication roug		Ş	0.0
	3605 Proin/Uriflex 50mg	3		265,00	226	no Madicalina		\$	0.8
	3652 Rimadyi 100mg 180ct.		b •	19.00	. ~ .	or Cambomisio Int Summore S 1001		.s Ş	B.C
	assa Tramadol SOUIG	;	<u>></u>		45	to Pill Paaket Caning Other		3 5	0.8
	accs Olmadul 25mg		Ş	15.00	45	54 Pill Pocket Feline		\$	10.0
	3579 Saraiyi Shaniya oʻshinic Suspension 3581 Myocdex yitin Alrethrin 3583 Dexamethesone labs 0,5mg 3584 Pearlyt Shampoo 12 oz 3585 Maleseb Shampoo 12 oz 3585 Maleseb Shampoo 3594 Chloramphenicol Oph. Ointment 3595 Erythromycin Ophthelmic Oint. 3596 Idoxuridine Ophthelmic Oint. 3597 Idoxuridine ophthelmic oint. 3601 Renacare Gelf Renal K 3603 Proin 75mg 3604 Prohl/Uriflex 25mg 3605 Proin/Uriflex 50mg 3652 Rimadyl 100mg 180ct. 3653 Tramadol 50mg 3656 Rimadyl 25mg 3656 Rimadyl 75mg 3657 Rimadyl 100mg 3655 Deramaxx 100 3659 Deramaxx 100 3659 Deramaxx 25mg		2	15.00	45	54 Pill Pocket Feline 56 Pill Pocket- Canine: Large 98 Canina Purina Gentle Snackeri		\$	7.0
	agez Dimady 100mg		ş	15,00	49	98 Carina Purina Gentle Snackers		\$	٦, ٦
	3655 Deramax 100		\$	15.00					
	3559 Deramaxx 25mg		5	15.00	Calendia	Name: OFFICE VISITS			
	3559 Deramaxx 25mg 3560 Dexamethisone Injectable 100ml		٥		Carrana Carl			_	D.E
			\$	15,00		1 Physical examination		5	65.
1	3661 Deramaxx 75mg 3662 PREDNISOLONE Tabs 5mg		\$	15.00		2 Medical Progress Check		\$	50.
-	3663 Prednisone Tebs 5mg			15,00		3 with Physical examination		S	Q.
Į	3664 Prednisone Tabs 20mg		\$	15.00		4 Shelter examination		\$	0.
Ų.	3665 Medrol 4 mg		\$	5.50		5 Canthe Adult Care Plan		\$	199
	3565 Medicial Link		\$	15,00		6 Office visit-courtesy		Ž.	C
	3666 Previous 57mg		\$	15,00		7 Feline Adult Care Program		5	151
	3567 Previoox 227mg	20.18	Ş	15.Q0		/ PRODE NOVA CARS - PERSON		\$	92
	3668 Predrispione SMGIm! LIQUID pe		Ş.	15.00	3	8 After Hours Exam		S	37
	3539 DOXYCYCLINE 50 mg	ırı	\$	15.00	Ö	9 Boarding Examination		5	Ęŧ
	3700 MINOCYCLINE Capsules 100 m	W	\$	13.00		10 Annual Physical Examination		5	75
	azna EstoKvi 3X Sharraco		\$	30.00		11 Behavior consult and exam		5	5
1	3730 CranMale 60 duantly		ب 3	35.04		40 Olehelic iraining		\$	4
ļ	azat fortificra		5	115.0		15. Anal Glands-express W/O 9%2	111	5	
į	2732 Palladia 10m5 / 30 Ci		5	184.C		16 Anal sec-express—nulae		9	
	3753 Pelladia 15mg/ 30 ol					20 Nebulization daily			
	3734 Pathedia 10119 at 30 d		5	500.0	£.)	50 Hassau County Rabies Vac		5	- 1

	Mid Israno va imparatoria				•			_
i		BEE 1	nai ce	penn!	UCT PRODUCT	DEF.		<u>.</u>
	PRODUCT PRODUCT	DEF.	RICE			[Oty:		_
i	PRODUCT PRODUCT	(Qty =	: 11	<u> </u>	3007 Coling old can 5.5 oz 24/cese	S	40.Q	
	ID DESCRIPTION	-			3925 Canine Z/D Ultra allergen-free 25#	\$	88.0	
	Cont.)				3929 Feline c/d dry 4#	5	19.0	
	Category Name: OFFICE VISITS (Cont.)				apan Feline old dry 8,5#	\$	35.0	
	51 Naesau County Rables Vaccine 2	\$	15.00		anat Enline old fiv 17.5ff	\$	58.0 3,4	
•	51 Naesau County (touses	\$	0.00)	agga Carring 7/D Individual CBD	\$ 5	41.0	
1	99 *write in				3033 Feline k/d can 5.5 oz 24/case	» \$	40.0	
1	Category Name: OPERATING ROOM AND SUPP	LIES			3934 Faline c/d can 5.5 02	9 5	#8.1	
ļ	Category wants, Or Live		20.0	n.	2025 Carine wid dry 27.5#	φ <u>5</u>	57.	
١	1200 Tru-out biopsy needle	\$	9 0. 0 0.0		v. P vid page 5 507 /AJC886		28.	
ĺ	1238 .Mylis Jug	S	u.c	N.	2027 Cardina Putina NF Gase 12 13.3 Octob	2 2		.00
,					3938 Canine Purina NF dry 186	\$		CQ.
	Category Name: PET ACCESSORJES				2030 Ealine Mid City 8.0fr	3		.00
				-4	3941 IVD Canine Renal MP 67 UTY	9		.00
	87 Alpha Track 2 Glucose Meler	Ş	125.		an in Eulian vid dry 8 hill	ŝ		5.00
	an AlebaTrack 7 I ASI SINDS SUIVA	S	60.		3942 Feline No dry B.20 3943 IVD Canine Hypoaliergenic Adult	÷		.,00
	1 an Alebertrack 21 and 86 TUVINA	\$ \$ \$	22.		9077#	\$	5	4.00
	3582 SulfOxyDex Shampeo 12fl oz.	ş	18.		3944 IVO Canine Renal MP 16.5#	5		5,00
	4103 <open>1</open>			.00	SOME WITH Carring Renal Min Ascarrosse	\$		2.00
	ALL CALUET	***		.00 00	3046 Feline W/d dry \$15#	5		7,00
	4180 Resco nall Infirmer	\$			2017 Kaline Wid ON Sii	\$		2,00
	4181 Hall Scissors - Whites	5		00,5 2,00	3948 Canine old 12 can case	5		9.00
	APD Flas comb	э 5		2.00 3.00	3949 Canine c/d dry 8.5#	5	1	18.00
	ura Calles Filmin-CCOI			4.00	3950 Canine old dry 17.6#	\$		34.00
	4184 Canine Elimin-oder 4185 Muzzle - small, medium, large	\$ \$		2,00	3951 Canine old dry 35#	\$		3.00
	ARS Muzzle - small, medium, large	Ť.		2.00 3.00	3951 Canine Prescription Individual Can	\$		27.00
	: 4186 Muzzle - extra large	\$ \$		4.00	3953 Feline Purina UR dry 6#	\$		28.00
	4187 Soft Paws Hall caps kil	\$ 5		0.00	3955 Canine Punha EN canned case	5	,	53.00
	4299 "Write In12	,35		5,00	3955 Canine/feline ald case 24 cans	5		2.00
	and the second s	~ =00[10		3957 Caninafeline ald canned sa	\$	á	18.00
	Category Name: PRESCRIPTION DIETS-MIS	<u>,</u> բասե	10		3958 Feline vid dry 4#	\$		57.00
		\$		57.00	3959 Feline v/ld dry 17.6 #	5	\$	55.00
	3034 Feline r/d 17.6# Dry	\$		22.50	3950 Feline Purine UR dry 18#	;	5	19.00
	orza Capina Melabolic D #	\$		54.00	3962 Carrine Vd dry 5# 3964 Carrine Vd dry 25# 3965 Feline Purine OM dry 6# 3966 Carrine Purine DCO 32# dry		\$	69.00
	1 A. will Malaballa # 1/10	2		35.00	aged Caning to dry 25th		5	23,00
	i cozo Conica Majabolic case (2001)	3		75.00	3965 Feine Puring DCO 32# dry		\$	79.00
	o Malaballa 27.300	,	r K	0.00	3960 Carline I/O case		\$	30,00
	5500 MBBBS D(E 10, 4300 mBCs.		5 \$ 5	38.00	3967 Canine J/D case 3968 IVD Canine Hypoatlergenic Adult	PD GG	\$	00.82
	good Canice old can case tapin		š.	36,00				
	hoor Carine did by \$7		5	70.00	COZO CARLA DIVADA UR ST/OX CASE O.C	enso i	3	41.00
	#U/1/ VII blo pains did div 1/ Ji		Š	34.00	anna mullium Ald mans D.DGZ, 45 5025		\$	55.00
	and Capine UD 12 Can Case		\$	29,00	3971 Feline I/d can 5.5 oz 24/cese		Ş	40.00
	C.C.F. (20 blo enine con Popul		Š	30.00	a and P - E ((d dt) AC		5	20,00
	i sone Cosine hid 588		5	79.00	3975 Feline Vd can 5,5 oz 24/case		\$	45.00
	*C-12 QU anina VD QV 27-28		\$	57.00	anze Saline Ut dev 48		5	22,00 30,00
	acos Carine hid dify 17.00		\$	30,00	and Campo old 12 can Gase		3	
	none Canine McCaSe 1 4PA		\$	34,00	nozo talina CM case 5.7 certa		\$	41,00 90,00
	1 2010 Canine Vo dry 8.57		\$	56,00			Ş	00.Ω8 00.28
	ANTA Canine UCICY 11 10 to		5	00.08	and Coline tid Canned D. Julius -	VCase	5	96,00
	2012 Caning K/d 12 Can Coss		\$	32,00	ann a Panine Pilling DA Will Pri		5	24,00 5,00
	ansa Canho Md dN 6.56		\$	53.00	SASE Coning Treats 1 to DOUGH		\$	5,00 co.co
	aptz Canine Wd 6fy 17 .Oir		Š	90.00	none Opping Diding MA DIT Tolder		Ş	00,23
	ante Canima MA ARV 308		5	46.00	2097 Carring Puths HA ut) Yeu		2	00.601 00.68
	3916 Canine Z/D 12 can case		\$	28,00	' acas casing 7th HITE Sir		\$	00.as, 00,88
	3917 Canine rid 12 can case		\$	25.00	appo Carring 1/4 (DV/ SIIE) GEIL OIL		\$	3.00
	3918 Canine (ld dry 8,5ff		\$	45.03	Y ARDA Ealing is b (NOIVOUS) CAN		\$	70.00
	3919 Canine rld dry 17.5#		\$	66.0	Y need Consider 214 URD 11 PF		\$	86.00
	3920 Carrine (/d dry 27.5#		\$	34.0/	agas Canine Molow and 35 1 475		\$	
	anna Canina sid 12 Can cass		\$	30.0	U		.\$	27,00
	3922 Canine u/d 12 can case		Š	29.0	Au ages Capine Pugna an Ioimple of	diy	à	21.00
	3923 Cenine u/d dry 8.5#		ş	28.0	agas Feline DM dry 5#		5	34.60 37.60
	3324 Carine w/d 12 pk		5	25.0	angt Feline Vd 8.0 F		Ş	\$1,00
	3925 Cenine wild dry 8.5#		5	46.0	79 C.			
	3926 Canina wid dry 17.3#						_	0.56.2-211
							i in	o 2:23:17 AIA

A DE ABUET	DEF. F	PRICE	PROD	DUCT P	RODUCT	DEF. i (City =		L
CULCI SKODUCI	(Ofy =	: 1)	10		FRUMBLION	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	23	00
DESCRIPTION	*			4055 E	ukanuba FELINE med pH/O cs 12	.5	29	
legory Name: PRESCRIPTION DIETS-MISC. FOO	ാട് (C	onL)			ukanuba FEL Skin & Cost Plus LB	W.		
itegory Name: PRESCRIP (10) 012134180011 01				C	512	5	27.	.00
	Ş	26.00		4057 E	ukanuba Maximum Calorie Case 12	\$.00
3998 Feline Purina HA 4il	Š	40.00		4058 E	Eukanuba responseFP case 12	\$.00
acon Carline n/d 12 can cose	\$	40,00		4059 E	ukanuba FELINE msir cal 18#	\$.00
and Felina old 5.3 Other case	\$	15.00		4060 (VD Canine Renal LP 16# Dry	3 3		00.
and Cultanuits restricted out on		36,00		4061 (VD Canine Hypoallegenic Adult PV	÷	, ,	,0
ando dalbanaha (estilotes salatar	5	66.00			↑フ B型	_	*30	2,00
Jone' E. Jonetha (89) (Cleu Cal, 209	\$			anen (culvanuha FELINE restrical cs12	\$		4,00
ACCULATION DESCRIPTION OF THE PROPERTY OF THE	\$	23.00		オロウカー	Cultanulha restricted cat case 12	\$		
Jack Calaballos (PSDDHDC (1.) Wa	\$	53.00		4064	IVD Canine Hypoallergenic Adult PV	\$	83	00.6
4006 Eukanuba Response KO 15#	\$	53.00						
4006 Eukanuba resp à max cal, form ind. cans	: \$	3.0		ADEE	TVD Fallog Hyddalleggenic Adult PV	5'8# 2		0.00
4007 Eukanusa lesp o mili sel	\$	18.0	0	4000	IVD Feline Hypoallergenic Adult PV	\$	6	1.00
4007 Eukenuba Intestinal +5#	\$	45.0	iÓ.	4000				
4009 Eukanuba Inlestinal +15#	\$	15,0	3 0	1000	саяв Еикапира гваролье КО 30#	\$	ő	3.00
4010 Felins Tiki Cal 12can case	\$	36,0)0	4067	IVD Canine Gastro Low Fat LF 6.6	\$	2	26,00
4010 Feline W/d can 5.5 oz 24/case	Ś	21.0)Ö	4069	W I Live a live and a construction of the state	\$		4.00
anto Feline MC GC/ 4ii	\$ \$	54.0		4070	Feline Hypoaltergenic Treats	.\$		41.00
and Felling zid div D,Diff	\$	18.0		4072	Feline Purina NF 55 cans #24	3		26,00
AD14 Feline slotory 48	3	24.		4073	Feline Purina NF Dry 5#	\$		2,50
			00	4075	5 Fel IVD Pres. Diet Caris 5.502			55.00
* Lin" C'II PASCULUMI DISC FEU 12 0:000	. 3		.00 .00	4076	6 IVD Feline Hypoallegenic PD case	; 4 \$		00.0
And 7 Entrangling (25)-(2) Reported 2-702	,			107	Tradic Tradic	Ψ		60.00
ANA C. Jamesha Intestinal Tour	\$	75.		4n7:	s IVD Faline Hypoalisigenio PD 6.08	5		64.00
4018 Eukanuba response FP 30#	\$.00.	4C7	o Carine (Id dry 1 (158	~		
4020 IVD Feline Renal LP 7# Dry	\$.00	402	O Feline Purina EN 5.5 oz case 24	\$		43,00
4020 TVD Feinte Rend 602 Individ cans	Ş		.00	166	or tantana DM Dr∨ NUE	\$		50.00
4021 Euxanupa rec 002 marris	Ş	40	00,(AUC	32 IVD Canine Hypodlergenic Adult (PR \$		75.CO
4022 Fellina M/D dry 8.5#	\$	21	,00		47 C#			
4023 Feline M/D 4# Dry	4 \$	34	4.00		17.6# 83 IVO Canina Gastro Low Fall LF 1	7.6# \$		56.00
	Ş	20	00,C	401	84 IVD Canine Hypodiergenic Adult	PR 5		35,00
	S	2	5.00	40:	Brt IAD Catalia Librories Anima .			
4026 Eukanuba FELINE winary-s + pH/s	-				7.7%	PV §		35,00
	ans S	4	9,00	40	88 IVD Canina Hypozilergenic Adult	•		
4027 IVD Feline Renal LP case 24 6oz. ca	5115 ¢		2.00		7.7#	5		44.00
:			25,00	40	189 IVD Feline 5/0 5.80z case 24			60.00
) indo Euleraphy FELING INDU PLUS Con-	\$		22.00	1.5	へんん いか にんじゅう というかおきかりをいじ につ とっ	Sn 4		63,C0
)aa rum Canida RANALE JUST VII	\$			40	091 IAD CSUIUS Gesim Form of Fr	•	,	50,
AND I Full could be IN THOU DITTY FOR ALL) 5		2.00		വികാസ്കാരേ		-	56.00
Lanco Endorselo Sel 189 INCRADINI 1999		•	28,00	a ^s	one IVO Canine Veglarian 10.07 UK	<i>'</i>	5	2,00
4033 IVD Canine Hypnallergenic Adult P	R 🤻	\$	00.78	.1	201 Ind Coline 7 507 (307, 98)		5	68.00
. was					rook with the salest Sattety (2000) 44.		S	0.23
tase 4034 Eukanuba Intestinal +Purpy 8#		•	27.00		IART ILID PARING PURPLE AT CORE	A-0-4-	\$	
4034 Euxanuba Intaana 1		\$	1,75		4098 Jvd Feline Hypoalergenic PR ca) SS	\$	0.66
4036 Eukanuba 14 oz individual cans		\$	3,00		10.00		5	0.0
4006 EUKANUDA 14 02 MUMAGAN		\$	53.00		4099 open 4100 IVD Canine Hypsallergenic HP	17.6#	\$	70,0
4037 Eukanuba response KO 6#		2	29,00	•	4101 IVD Canine Hypoallergenia HP	7.7#	5	35,0
4037 Eukanuba FEL Renal Plus 5.5#	PV	\$	99.00		4101 IVD Carine Vigitarian Case		5	77.0
4039 IVD Ganine Hypoakergeriic / Joan 1					4104 IVD Canine Adul PD 17.5#		\$	75.0
. DE#		\$	44,00		4104 IVD Calling Addit 6 17704		\$	52.9
4040 Eukanuba Senior Plus/ Joint 15#		\$	84,00		4105 IVD Felins HP 7.7#		5	36.
! And Fukanuba Senior Files Juliu Son		\$	19.00		4106 IVD Canine HP Mod. Cal 7.7#	也 .	S	93.
anan Gub Penal Plus baff		2	45.00					67.
. a. zo m. J. Midneu Wenai mus 10,44	التحاجدا	£	26,00		4449 IAD Caulos Car como cuitos anán	1 104, 404.	5.	29
TALL CONCURSE HOUSER WESTINGS	MOLDE.		73.00		Fr 107 8 55		5	79
		5	15.00		4117 Canine 5/0 6.53 4112 IVO Canine Hyppallergenic Ar	ugh F.D	Ψ	
TO THE PARTY OF TH	51 42 (N.1)	Ş			AD C D		<	37
AMAG BYD Canice GastO Lovi For St.	28.6#	\$	75.00		4313 IVD Canine Hepatic /./fr		Ş	96
N IC Colore Mb 700301 0030		S	43.00		THE REPORT OF STREET		5	
4059 Eukanuba FELINE lintestinat to	ase12	S	24.00		4115 Euk Canine Optimum/Weight	Control	5	36
e. C. Jean des integligat y Claye 1 fe		•	30.00		15#			
4051 Eukanuba Intessical Foods 4052 Eukanuba FELIME urinary-a + F	ow pith	s \$	63,00)U	THE PLANT OF CARE		ĉ	37
ASSOCIATION DE L'ELISTE DIVISITE L'					#112 FGD 20 CODCD 670 CV	L SM 362	ţ	33
MONT TRUBINGS 1 TO								
20# 4053 Eukaneba FELIME Urinaly-st		Ş	21,0	ŪŪ	4117 IVD Fefine MODERATE ON 4117 IVD Carine S/O MODERAT	E cal 17 6	:k &	5

	ICT PRODUCT	DEF	PRICE	PROD	OCT LVODOCI	DEF. P (Qty = '	
	DESCRIPTION	(Qty	(= 1)	ID			£5.00
)	DESCRIPTION	/			219 Enems Administration	\$	0.00
	TOWNS NETT MISC FO	ons	(Cont.)		220 Euthanasia Services, See Below	\$	-65.00
catego:	ry Name: PRESCRIPTION DIETS-MISC, FO	~	(221 Euthanesia 15 lbs or less	5	
		\$	18.00		222 Euthanasia 15 to 30 lbs	\$ \$ \$	70.00
	4119 Feline T/D 4#	.s	36.00		223 Euthanasia 30 to 60 lbs	≨	75.00
	4120 Feline T/D 8.5#		25,00		224 Fighanasia 60 lbs & over		85,00
	4121 Feline Y/O 4#	\$			225 Guthanasia Lab animal/bl/d	\$	50.00
	AAOO Calino VID case	5	52.00		226 Eye-comeal staining fluorosce	\$ \$	25.00
	AAGO NIC Caline Gastrantesiinai CE Grov	S	44.00		227 Eye - tear (est (Schirmer)	Ş	25,00
	and N/D Baline GastroniesiDai DE Gase	\$	44.00		228 Eye - lonometry	\$	35,00
	4125 IVD Faline Gastro Fiber Response 8.8#	\$	41.00		229 Eye-Schlm/comeal fluor, stain	Ş	40,00
	4125 IVD Canine UC Law Purine 16#	\$	61,00		230 Fluid Therapy - SC/ml (O.P.)	3	23.00
	4127 IVD Canine Satisty Support 7.7#		27,00		231 Hearworm Tx-Injection-(not Inclu. med)	5	00.33
	4127 IVD Carries Salicy Support 17.6#	\$	52.0	3	231 Heartworth Tx-Injection-Triot interest	\$	0.00
	4128 IVD Canine Satisty Support 17.6#	\$	74.0	0	232 Microfilaria Treatment	\$	350.00
	4129 IVD Canine S/O MODERATE case	3	60,0		233 Obstetrical Assistance	5	45.00
	4130 IVO Canine Early Cerdiac 17.6#		33.0		234 Cremation, Processing Fee	3	65.00
	Lar Marcanina S/O MODEKATE VALUE	# +2 ! S	33.0		235 Convenia Injection 0-15 #	D.	
	- was tare Casina SIC MUDERALE VOLUM	, .	36.0		236 Convenia Injection 15.1-30#	Ş	78.00
	THE NUMBER MODERALE ONE OF THE				737 Convenia Injection 30.1-40#	\$	00.88
	A137 IVD Canine Moderate Cal PVY 7.7#	Ų	40.0		238 Convenia Injection 40.1-50#	å	99.00
	4135 Euk Canine Mobility Plus #5	\$	15.0		230 Convenia Injection 50,1-60%	\$ \$ 3	108.00
	use color Rurina OM 158	\$	53.4		240 Convenia Injection 50.1 - 70#	Ş	120,00
	4137 IVD Canine Cal Control HI PRO case	\$	64.	OC.	241 Convenia Injection 70.1 -80#	5	130,00
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	24 4138 IVD Canine Cal Control 6.5#	\$	24.	CO	243 Injection-Soludelts cortef 500	\$	45,00
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	4140 Canine Vd Lovrizi Gl Restore case	Š		.00	245 Injection - CRI Pain Medication	\$ \$	35,00
	4141 Faline Y/D 8.5#		-	.00	246 Injection - Anzemet	5	29.00
	At 42 Enk Palme 14# Low Residue Intestina) -		.00	247 Injection #1	\$	39.00
	2023 NAD Seline S/O 3.3#	*		2.00	248 Injection #2	ې	48,00
	4) 44 IVD caning Urinary S/O REGULAR	ş	14	,,00	249 Injection #3	\$	
į	2000				250 Pedicure - courtesy	\$	0.0
1	4145 IVD Canine HP Small Bread 8.8#	5		00,	251 Pedicure - nail trim	\$	15,0
•	4146 Fellne Metabolic 8.5#	ţ		5,00	252 Injection-Chloramphen/pottle	\$	18.0
i	4146 Faithe Maradine John 7.7#		ş 29	00.6	202 Injection-Official Street	5	48.0
	4147 IVD Canine Diabetic 7.7#			00,g	253 Injection-Epogen	5	39,0
	4146 IVD Canina Diabelic case			7,00	254 Injection-Shock treatment	\$	25.0
	4149 IVD Carline HP Case			7,00	255 Injection-subconjunctival	\$	70.9
	4153 IVD Canina Arallergenic 6.8#			00,8	256 EKG-electrocardiogram	\$	100.0
1	xcos, Canida Puting 0M casa			3.00	757 Endasonnio Exam/Services	₽ \$	20.0
	voos Canine Putina OM 18#		-	5.00	osa Injection-Adequat/ mt + m) tee		265. 285.
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_	tagory Name; PROF, SERVICES-PROCEDI	JRE	3		asi Injection-Solumedral battle	5	48.
	ragory reasons in the				aca Bayiril injectable/ml + IO).	5	3,
i	158 Nail Olip Large Bird			22,00	263 Injection-pain medication	3	24
	200 Earthrap - one ear			75.00	264 Injection-haid FriendChip	5	
	200 Ear flush - 2 ears		s 2	95,00	265 Injection- Baytrilmi + inj	Ş	
	ZUT CRITICIST - A CORD		S	40,00	266 Injection-Repaid/ml + inj. fee	\$	5
1	202 Anal Sacs - Infusion		Š	35.00	266 Injection-Amik50mg/ml +inj fee	Ś	. 1
i	203 Bandaging - routine		\$	14,00	257 Injection-rankoding-in Try to	\$	
!	- 2014 injection-Cetaloxin bottle		\$	22.00	258 Injection-Metronicazote/mi+inj	Ş	
	ons Video alascopy		\$	50.00	269 Beak and nail clip	5	
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	207 CSF Tap			65.00	271 Pluck Ears/Nails		
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:	oun Captagis (Incredia (Cheef)			155.00	274 Rabbit Teeln Clip/Natis		5 4
	211 Cremation Services, See Below		25	0.00	275 Beak Clip		3 2
	212 Cremation 1-24 lbs		\$	CQ.Q3	278 Glood pressure measurement		\$ 4
	212 Cremation 1-24 to 3 213 Cremation 25 to 49 tos		\$	85.00	276 Globo pressure measurement 277 CPR-cardiopulmonary resulse.		\$ 27
	213 C/emation 200 42105		\$	95.00	277 GPA-Galdiopus fortally calling		\$ 6
	214 Cremation 50 to 74 lbs		5	120.00	276 Injection-hyportonic saline		\$
	215 Cremation 75 to 99 pounds		\$	150.00	970 late688849836891		\$ 7
	215 Cremation 100-124		Ş	170.00	クラウ ちゅうしゅうかんがんじょうかいしゅう マ・バイル		5. 2
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0,2/2,0	UCT PRODUCT	(Oty	s 11	ID	DESCRIPTION			
	DESCRIPTION	(City						
<u>ID</u>			13	Category	Name: SURGICAL SERVICES			
	ory Name: PROF, SERVICES-PROCEDURE	5 (COM	G)			\$	45,CD	
Carea	ory Name: 1 11-11	*	950,00	,	13 Cuanings Disease Training	+	325.0D	
	283 Endoscopy-upper and lower	\$ 3	29.00	61	23 Echocardiogram 26 Echocardiogram-Dr Reid 26 Echocardiogram-Dr Reid	\$	375,00	
1	284 Injection-Rimadymi 284 Injection-Rimadymi	.s 5	8.00				0.00	
T.		\$	7.CK) B	00 (BANDAGES & CASTS, 600-0-4) 01 Bandaging - compression 02 Bandaging - minor 303 Bandaging - moderate 804 Bandaging - Robert Jones 805 Bandaging - surgical extensive 807 Casting - fiberglass 808 Casting - Mason melesplint	\$ \$	32.00	
ŧ.		5	155.00	o 9	01 Bandaging - Gladi	\$	30.00	
		5 \$ \$	Q.53	0 5	202 Daugaging - moderate	\$	40.00	
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	and Colonic Philipping, Offices	\$	48.	00	941 Casting - Thomas splint	ই ১	90.	
1	297 Insulin-GRI	\$,00	812 Avulsed nail/bandage - major	a)		ČO.
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1	455 Fresh Frozen Fleshie / Common 455 Fresh Frozen Fleshie / Common 2x per day	Ş	22	.CO.	826 Abdominal Exploratory	ş 5		
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:	legory Name: RADIOLOGY SERVICES				825 (GASTADIN' LE STATE SAN DE L'ALLE SAN DE	5		.00.0
Çs	legory Name: RADIOLOG OLIVI			n m0	829 Biopsy (gastrointestinal)	5		00.0
	- CLyicott	5	93	2,00	630 Enterolomy-remove to reigh body		s 325	5.00
	900 X-Bay-liter view	S	//	2,00 5,00	331 Gastric Lavage		3 1,200	
	601 X-Ray Addition Vices	\$. o=	00.0	832 Gastric Torsion Lampiex			0.00
	502 Recheck A19)	ŝ	, QQ	00.0x	833 Gastrolomy		\$ 35	0,00
	503 GI (salium) Saries, dog	5	j 41	45.00	834 Gastrolomy Tube		ų.	0.00
	604 GI (bertain) Surrey (I)		\$ 4	55,00	830 Enterotemy-remove foreign body 831 Gastric Lavage 832 Gastric Torsion Complex 833 Gastrotomy 834 Gastrotomy Tube 835 Intestinal Anastomosis 836 Intussusception			50.00
	505 Dettal X-ray (2)	1	\$ \$	75.00	ocidescentral SE8		Ψ	00.00
	flegory Name: RADIOLOGY SERVICES 600 X-Ray-first view 601 X-Ray Addition View 602 Recheck X-ray 603 GI (barium) Series, cat 604 GI (barium) Series, dog 605 Dental X-ray (1) 606 Dental X-ray (2) 607 Dental X-ray (3-5)		բ Տ	95,00	837 Livel Diohay		Ÿ	20.00
	608 Denial X-ray (>5)		s 5 1	05.00	838 Pharyngostomy (mbe) 839 Anastemosis-Intestinal 840 Pytoroplasty 841 Roctal Prolapse 842 Salivary Mucoseola			50,00
	608 Dental X-ray (25) 609 Radiology Consultation Specialist 609 Rediology Consultation Specialist			20.00	839 Anastamobia-timoni		v	100.00 125.00
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1	ave illereditati		\$	505.00	865 Surgery Dr. Sevalia		2	0.00
;	and Threedings 2 covides		\$	525.00	one MAISCULUSELLE COLLUST	162)	\$	575,00
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;	619 Hip X-Ray 620 Ultrasound guidad biopsy only 621 Ultrasound guidad aspirate		\$	220,00	892 Ampulationvextrentary		S	375.00
	620 Ultrasound guided aspirate		\$	115.00	893 Amputalion/tail		\$	90,003
	621 Official of the second		5	110.00 555.00	894 Adjutotomy		\$	150,00
	622 Sonogram screen 625 Ultrasound - 2 cayities - Dr. Rei	넘	S	375,00	893 Amputalion/tail 894 Arthrotomy 895 Blupsy (muscle or bone) 896 Blopsy lymph node 897 Cruciate Ligament Repair 898 Declaw Feline 4		\$	275.00
	626 Ultrasound Dr. Reid		Ş	00,00	893 Biopsy lymph node		3	700.00
			ş	00.0	897 Cruciate Ligament Aspen		\$	475.00
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	I TATALAN AND AND AND AND AND AND AND AND AND A	DN-SE	RVICE				3	900.00
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	1		\$	0.00	907 Fracture Repair/Mandibula 906 Fracture Repair/Mandibula 906 Fracture Repair/Mandibula		5	400,00
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	and invo Daimer (155.50570 (25)	-7	5	20,00	910 Hygroma Component Redu	ation	5	400.00
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PRODU	CT PRODUCT DESCRIPTION	(Oty:		ID		PRODUCT DESCRIPTION	Loty:	= 1) 375	T/V
ID	DESCRIPTION	TOLY.	<u></u>		1142	DESCRIPTION Biopsy (urogenital) Castration, See Below Crypterchid (dog) Crypterchid (cat) Alter deg< 15# Inc. pain med Alter dog 30-60# inc. pain med Alter deg 60# + inc. pain med	Ş		0,00
					1143	Castration, See Below	\$		0.00
Categor	y Name: SURGICAL SERVICES (Cont.)				1144	Crypterahid (dog)	S),00),00
		5	800.00	•	1145	Crypterchid (cat)	\$ \$		00.00
	913 Hip Luxation Open Reduction	\$	400.00))	1148	Aller dag< 15# inc. pain med	\$ \$		00.0
	914 Tendoneclomy	\$	450.00)	1149	Alter cog 15-30# inc. pain med	Ž		0.00
	045 Decimu guer 2 Vea:5 010	\$	250.00)	1150	After dog 30-60# inc. pain med	\$ \$		0.00
	916 Pedineus Myolendonscromy	Š	450.00		1151	Alter tog 60th + inc. pain med	\$		00.03
	918 Tendon Repair	5	800.00		1152	Alter Feline	\$		5.00
	919 Laparolomy	\$	0,0		1153	2 Aller Feline 3 Serotal Ablation 4 Testicular Turnor 5 Anal Sac Resection 6 Perianal adenoma 7 Perianal Adenoma/Castration	\$		00.00
 	950 (NEUROLOGICAL, 950-969)	š	900.0	Q.	115	Testicular Turnor	\$	75	00.00
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ļ	977 Conjunctivel Flap 978 Eyelid Tumor Removal 980 Laceration (corneal) 981 Laceration (lid) 982 Nasolacrimal Flushicath 983 Nictitans Eye Flap 984 Eye-replace gland of nictitans	0 0 0 0 0 0 0 0 0 0 0	400.		111	7 Penanal Adenorma Ocalification 9 Cystolomy - Cat 10 Cesarian Section 11 Cesarian Section 12 Urefinosiomy 13 Cystolomy/urethrotomy 14 Urchydropulsion 15 Mastisciomy (Cat) 16 Mastisciomy (Da) 16 Naphradomy 16 Nephradomy	\$		00,00
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į	OR? Nasolacrimal Flush/cath	\$	60.		11	68 Nephrectomy	3		00.00 00,003
ļ	993 Nicilians Eye Flap	5	110. 400		11	69 Nephrotomy	3	'	00.00
;	on4 Eve-replace gland of nicilians	.5 4	175		4.4	an Operahysterectomy, See Delow	14 54		850.00
1				.00.	11	74 Pyometra, canine	ֆ 5		700.00
ì	1020 (BECONS) RUC [NE] 1040-1043/	\$ \$	900		11	74 Pyometra, centine 75 Pyometra, feline 176 Spay dog<15 lbs inc.pain med	5 \$		25.00
1	1021 Hemia (disphragmatic)	÷		00,00	11	176 Spay dog<15 lbs inc.pain med	ş \$		305.00
ì	1022 Hernie (inguinal)	\$ \$		00.0			\$		326.00
İ	1023 Hernia (pertanal)	5		00,0	1.	178 Spay dog 30-50 # Inc. pain med	\$		340,00
ì	1925 Laceration (major)	Ş		00.0	1	179 Spay dog 51-80# inc. pein-med	S		460,00
	1026 Lacaration (minor)	\$	30	00,0	1	180 Spay dog 80 lbs+ inc. pain med 181 Spay feline including pain med			285.00
	1027 Laceration (Internacional)	\$	16	0.00	1	181 Spay feline including pain med 181 Spay feline including pain med 182 Spay feline/neat inc.pain med 183 Spay feline preg./inc pain med 184 Spay cat + Deol 4 inc pain med 185 Spay cat/declay/(2) inc pain med	5	,	380.00
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ļ	1929 Hemia-Unblical and	\$		00.Q	٦	stat Comment & Decl 4 inc pain med	5		675.DO
ļ	1030 Herric-Ombicel - Cel	.\$		0,00		AB5 Seev cal/declay/(2)inc pain med	\$	\$	550.00
Ì	1031 DEIGHBORN 1050-1074)	3		0.00		1186 Spay Rabbit	;	\$	400,00
ļ.	1053 Nasopharyngeal Polyp Removal	5		00.00		1137 Aller-Ferrel		5	00,08
1	1054 Stenello Nares Repair	,	3.	25,00		1188 Descent-Ferral		ş	200,00 325,00
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i	ome Padial Laryngeciomy		•	90.00		1189 Aller rabbit 1192 Urethrostomy/feline male 1193 Unnary Obstruction/canine 1194 Umary Obstruction/feline		\$ \$	225,00
	zaca Noral Buch (elias		φ e	0.00		1194 Umary Obstruction/Teline		\$	120.00
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Ì	1081 Ear Resection (unilateral)			400,00		1921 Boarding Additional Day(s)	•	\$	00,0
Ì	1087 Lip Fold Correction 1086 Nasal Fold Excision		\$	225,00		1955 Apomorhina Administration		5	BD,00
ι 1	1088 Mass Removal-external (major)		•	600.00		2495 Valium Syringe		5	14.00
į.	1090 Mass Removal-external (minor)		,	200,00		3098 Arhogen 32 oz.		Ę,	47,00
	1090 Mass Realment		\$	275,00		3508 Vetsulin 10ml		\$	44,00
•	4DO2 Thyroldeclossy		5	900.008		ades Kee Chlor Shamboo		\$	20.00
:	14 on (SPECIALIMISC., 1120-1149)		\$	0.00		2762 Copper Trial Cards Small 605:		5	12.00
j	COULT MED Gar lenimented Associated		\$	150.00		3361 Carine Hybrid letgents Teats		3	10.00
	(4.22 Thoracic Tap - Drain Fluid		S	155.00		2078 IVD Canine Prescription can		\$	4,00 a.o.o
	44 23 Operating Room Fe8	•	\$	300,00		 2071 IVD Feline Prescription can be 	27	5	3.00 45.00
'	(iolam):amelnidayome@packt.co.e.)		ž	200.00 700.00		HOllsoilenA wurd Pap ga H.		S. 5	45,00 15,00
	14.29 Mass Removal-internal (minor)		\$	63,00		4523 Amikacin Injection Syringe <1	m	ప	10.00
	z con Microchio Idani impiani		5	00.60					
	1140 (UROGENITAL, 1140-1197)		3	375.00		•			
	1141 Biopsy (kida#y)		•						

Edward P. Mangano County Executive

> Scott D. Tusa Chief Fire Marshal



Nassau County Fire Commission Office of Fire Marshal 1194 Prospect Avenue Westbury, New York 11590-2723 (516) 573-9900

INTER-DEPARTMENTAL MEMO

To:

CONTRACT OFFICE

FROM:

SCOTT D. TUSA, CHIEF FIRE MARSHAL

DATE:

March 20, 2017

SUBJECT:

EXECUTIVE ORDER #1-1993, DR. MITCHELL E. KORNET, DVM

We are exercising the last of the renewals for one year beginning January 1, 2017 and ending December 31, 2017 from CQFC15000002. Dr Mitchell E. Kornet has been providing veterinary and grooming services to our K-9, Umi, since Dr. Arthur Wilder retired in September, 2014.

In addition to this renewal, we have added another K-9 to our office, Leah. We have added Leah onto this Amendment (Renewal) as well as increased the amount to be encumbered from \$3,500.00 to \$7,000.00 (\$3,500. per K-9).

The contract for the Westbury Animal Hospital expired on December 31, 2014. Dr. Wilder had retired from his practice as of September 9, 2014. At that time our office had hand-delivered contract proposals to three (3) local veterinarians, with Dr. Kornet's office being the only response. We entered into an agreement with Dr. Kornet at that time. The contract was for three (3) one-year renewal periods.

The proposed contract www sent out to these veterinarians was for providing grooming and veterinary services for K-9 assigned to the Fire Marshal's Office, Fire Investigations Division.

Scott D. Tusa

DTun

Chief Fire Marshal

Edward P. Mangano County Executive

Scott D. Tusa Chief Fire Marshal



Nassau County Fire Commission Office of Fire Marshal 1194 Prospect Avenue Westbury, New York 11590-2723 (516) 573-9900

INTER-DEPARTMENTAL MEMO

To:

NASSAU LOCAL 830, CSEA

FROM:

SCOTT D. TUSA, CHIEF FIRE MARSHAL

DATE:

MARCH 20, 2017

SUBJECT:

SECTION 32 PROCEDURE

Please be advised that this office intends to contract with Dr. Mitchell E. Kornet, DVM of Mid Island Animal Hospital, 264 Old Country Road, Hicksville, New York 11801 in the amount of \$7,000.00. The term of the Contract is from January 1, 2017 to December 31, 2017. This is the last of the three (3) one-year renewal terms.

The purpose of this contract is to provide veterinary services to one canine "Umi" assigned to the Fire Marshal Investigations Division for accelerant alerting at suspicious fire scenes. Please also be advised that we have added an additional canine, "Leah" to our office as well as request the additional \$3,500.00 for this canine totaling \$7,000.00 for this one-year period. In view of the above circumstances, please advise pertaining to Section 32.

Scott D. Tusa

Chief Fire Marshal

SALI1

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/27/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

	REPRESENTATIVE OR PRODUCER, AN									
i	MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	t to	the	terms and conditions of	the pol	licy, certain p orsement(s)	olicies may	IAL INSURED provis require an endorsen	ions or bi ient. A st	e endorsed. tatement on
PR	DDUCER License # 100290819				CONTAC	ЭТ				
Ch	icago, IL-Hub International Midwest We East Jackson Boulevard or 14A	st			PHONE (A/C, No	, Ext): (800) 2	28-7548	FAX (A/C, N	o):(866)	229-3296
Flo	or 14A icago, IL 60604				E-MAIL ADDRES					T
ν.,	icago, in occur				INSURE			DING COVERAGE ISUrance Company o	f Americ	NAIC #
INS	URED				INSURE	RB;				
	Mid Island Animal Hospital				INSURE					
	264 W. Old Country Road				INSURE					
	Hicksville, NY 11801				INSURE					
					INSURE					
CC	OVERAGES CERT	TIFIC	ATE	NUMBER:				REVISION NUMBER	:	
 (THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUIF PERT POLIC	REME FAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RE	SPECT TO	WHICH THIS
INSI	TYPE OF INSURANCE	ADDL INSD	WAD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	L-	MITS	
Α	 	- 1				:		EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR	X		6801H385674		08/09/2016	08/09/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	- \$	300,000
						l i		MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000
	POLICY PRO- LOC							PRODUCTS - COMPIOP AS	3G \$	4,000,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per perso	п) \$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accid	ent) \$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	······
	DED RETENTION \$. \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						1	PER OT STATUTE ER	1-	
		N/A						E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	777.71						E.L. DISEASE - EA EMPLO	YEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	VIT \$	
						!				
Ce Ma	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL PITTIONS / VEHICL PIT	Insur	red a	D 101, Additional Remarks Sched s their interests may appe	ule, may l ar with	e attached if mo respects to G	re space is requi General Liabil	red) lity in regards to the se	rvice dog	; from the Fire
L									<u>.</u>	
C	ERTIFICATE HOLDER			 	CAN	CELLATION	· · · · · · · · · · · · · · · · · · ·			
	Office of the Fire Marshall Nassau County Fire Commis 1194 Prospect Avenue	ssion	ıer		ACC	E EXPIRATIO	N DATE TI	DESCRIBED POLICIES E HEREOF, NOTICE WI CY PROVISIONS.		
	Westbury, NY 11590					orized represi				

1-23-16

R188



Contract ID# (CQFC (5000002)

Department: Fire Commission

New 🗌 Renewal 🛛		1) Mandated Program	Yes No
Amendment [2) Comptroller Approval Form Attac	hed Yes No
Time Extension [3) CSEA Agreement § 32 Compliance	e Attached: Yes No No
Addl. Funds		4) Vendor Ownership & Mgrnt, Disc	losure Attached: Yes 🛛 No 🗍
Blanket Resolution		5) Insurance Required	Yes ⊠ No 🗌
RES #			
a.	Vendor ID#	Department	
e itchell E. Kornet, DVM		Department Scott, D. Tusa	
tchell E. Kornet, DVM	Vendor ID# 11 2648297 Contact Person	Department Scott, D. Tusa Address	Contact Chief Fire Marshal
tchell E. Kornet, DVM ess land Animal Hospital	Vendor ID# 11 2648297 Contact Person Dr. Mitchell Kornet	Department Scott, D. Tusa Address	: Contact
e itchell E. Kornet, DVM ess sland Animal Hospital ld Country Road yille, NY 11801	Vendor ID# 11 2648297 Contact Person	Department Scott, D. Tusa Address 1194 Prospect	Contact Chief Fire Marshal

KEÇ U				& Fw'd			Required
1/13/14	Department	NIFS Entry (Dept) NIFS Appyl (Dept Head) Contractors Registered		_	Suff J. 7	Twa	
4/8/16	OMB	NIFS Approval Contractor Registered			When		Yes No No Not required if blanket resolution
46/16	County Attorney	CA RE & Insurance Verification	d	7/3/16	1		
AM	County Attorney	CA Approval as to form		3/4/1	9		Yes No
At 1	Legislative Affairs	Fw'd original contract to CA		1 1.0	U		
1.13/16	County Attorney	NIFS Approval		16/9/16	follyed a	X 3	A HER
14 -1	Comptroller	NJFS Approval		10/20/1	BARY	<i>?</i> ?	Grau = = = = = = = = = = = = = = = = = = =
5/4/16	County Executive	Noterization Filed with Clerk of Leg.		5/4/11	CM	U U	Tiar Tiar



Contract ID#:

Department: Fire Commission

Contract Summary

Description: veterinary and grooming services

Purpose: this is a renewal on CQFC15000002 for one year to provide veterinary and grooming services for Umi, an accelerant detection canine trained and provided by ATF at no cost to the County for the use at Fire Marshal's office, Fire Investigations Division.

Method of Procurement: In October 2014, Dr. Arthur Wilder of Westbury Animal Hospital retired and invitation for proposals were sent to three veterinarians-Mid-Island Hospital was the only response and we entered into agreement with Dr. Mitchell Kotnet. Contract called for three (3) one-year renewal terms.

Procurement History: Dr. Wilder of Westbury Animal Hospital retired - he took care of veterinary services to three canines since 1992. Dr. Kornet has provided services to other K-9's in other county departments and has offered his services to our department. While we were in need of continuous coverage for Umi after Wilder retired (October, 2014) we entered into an agreement with Kornet sometime in January, 2015. Unfortunately, by the time the agreement had been executed the initial period from October through December, 2014 had passed. The funds from the 'original' contract were still available as they were encumbered for in 2015, however we were not permitted to use the funds until we had a renewal letter for the calendar year 2015. This was severly delayed and never met. We are now exercising the second renewal year from 1/16 - 12/16.

Description of General Provisions: routine veterinary and grooming services, and if necessary, emergency treatment as required.

Impact on Funding / Price Analysis: none

Change in Contract from Prior Procurement: none

Recommendation: (approve as submitted)

Advisement Information

Budget Codes		Funding Source	Amount
Fund	FC	Revenue Contract	
Control	10	County	3500
Resp.	1200	Federal	
Object	DE500	State	
Transaction		Capital	
		Other	}
		Total	3500

Line	Index/Object Code	Amount
1	FCFCF1200 DE500	\$ 3500
2		\$
3		\$
4		\$
5		\$
6		\$
	Total	\$ 3500

Renev	val
% Increase	
% Decrease	

Document Prepared by: Scott D. Tusa

Date _____

NIFS Certification		Comptroller Certification	County Executive Approval
,,	ent was accepted into NIFS	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name (
Name	(0)	Name Alle	Date 5/16/16
Date	6/2/16	Date / 6/27/16	(For Office Use Only)
			E#:

PR5254 (1/06)

RULES RESOLUTION NO. 188 - 2016

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE
TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES
AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON
BEHALF OF THE NASSAU COUNTY DEPARTMENT OF FIRE
COMMISSION AND DR. MITCHELL E. KORNET

Passed by the Rules Committee
Nassau County Legislature
By Voice Voic on 6/6/6
VOTING:
2998 7 unyes 0 abatained 0 recused 0
Legislaters present:

WHEREAS, the County has negotiated an amendment to a personal services agreement with Dr. Mitchell E. Kornet to provide veterinary and grooming services as needed to canine "Umi", assigned to the Office of the Fire Marshal, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County
Legislature authorize the County Executive to execute the said amended
agreement with Dr. Mitchell E. Kornet.

AMENDMENT NO. I

THIS AMENDMENT, (together with any appendices or exhibits hereto, this "Amendment") dated as of the date that this Amendment is executed by Nassau County (the "Effective Date"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting on behalf of the County Department of Fire Commission, having its principal office at 1194 Prospect Avenue, Westbury, New York 11590 (the "Commission"), and (ii) Mid-Island Animal Hospital, Dr. Mitchell E. Kornet, having its principal office at 264 W. Old Country Road, Hicksville, New York 11801 (the "Contractor").

WITNESSETH:

WHEREAS, pursuant to County contract number CQFC15000002 between the County and the Contractor, executed on behalf of the County on February 27, 2015 (the "Original Agreement"), the Contractor provides grooming and veterinary services as needed to canine "Umi" assigned to the Office of Fire Marshal, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement was from October 1, 2014 through December 31, 2014 with an option to renew the contract for three (3) additional one (1) year periods under the same terms and conditions as the Original Agreement (the "Original Term);

WHEREAS, the maximum amount that the County agreed to reimburse the Contractor for Services under the Original Agreement, as full compensation for the Services, was **Three Thousand Five Hundred Dollars** (\$3,500.00) (the "Maximum Amount"); and

WHEREAS, the County and the Contractor desire to renew the Original Agreement by extending the Original Term and increasing the Maximum Amount;

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

- 1. <u>Renewal Term.</u> The Original Agreement shall be renewed and thereby extended for two (2) separate one (1) year periods, so that the termination date of the Original Agreement, as amended by this Amendment (the "<u>Amended Agreement</u>") shall be December 31, 2016.
- 2. <u>Maximum Amount</u>. (a) The Maximum Amount in the Original Agreement shall be increased by **Three Thousand Five Hundred Dollars** (\$3,500.00), so that the maximum amount that the County shall pay to the Contractor as full consideration for all

Services provided under the Amended Agreement shall be **Seven Thousand Dollars** (\$7,000.00) (the "Amended Maximum Amount").

3. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the Contractor and the County have executed this Amendment as of the date first above written.

MID-ISLAND ANIMAL HOSPITAL, DR. MITCHELL E. KORNET

By: WM/IT DVM	
Name: MITCHELL & KORNET	
Title:	
Date: 3-18-16	
NASSAU COUNTY	
By:	
Name:	
Title: Deputy County Executive	

PLEASE EXECUTE IN BLUE INK

TATE OF NEW YORK)
)ss.: COUNTY OF NASSAU)
On the Stay of Larch in the year 201 before me personally same Hechell E Knyet to me personally known, who, being by me duly worn, did depose and say that he or she resides in the County of Nassaw; that he or she is the of McIsand Aniual Aspita, the corporation described herein and which executed the above instrument; and that he or she igned his or her name thereto by authority of the board of directors of said corporation.
NOTARY PUBLIC Michell Hagelie
MICHELE GRIGONIS Notary Public, State of New York No. 30-4886987 Qualified in Nassau County
STATE OF NEW YORK) Certificate filed in New York Communication Expires March 7, 20/9
COUNTY OF NASSAU)
On the day of in the year 201 before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of; that
ne or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law o Nassau County.

NOTARY PUBLIC

AMENDMENT NO. I

THIS AMENDMENT, (together with any appendices or exhibits hereto, this "Amendment") dated as of the date that this Amendment is executed by Nassau County (the "Effective Date"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting on behalf of the County Department of Fire Commission, having its principal office at 1194 Prospect Avenue, Westbury, New York 11590 (the "Commission"), and (ii) Mid-Island Animal Hospital, Dr. Mitchell E. Kornet, having its principal office at 264 W. Old Country Road, Hicksville, New York 11801 (the "Contractor").

WITNESSETH:

WHEREAS, pursuant to County contract number CQFC15000002 between the County and the Contractor, executed on behalf of the County on February 27, 2015 (the "Original Agreement"), the Contractor provides grooming and veterinary services as needed to canine "Umi" assigned to the Office of Fire Marshal, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement was from October 1, 2014 through December 31, 2014 with an option to renew the contract for three (3) additional one (1) year periods under the same terms and conditions as the Original Agreement (the "Original Term);

WHEREAS, the maximum amount that the County agreed to reimburse the Contractor for Services under the Original Agreement, as full compensation for the Services, was **Three Thousand Five Hundred Dollars** (\$3,500.00) (the "Maximum Amount"); and

WHEREAS, the County and the Contractor desire to renew the Original Agreement by extending the Original Term and increasing the Maximum Amount;

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

- 1. <u>Renewal Term</u>. The Original Agreement shall be renewed and thereby extended for two (2) separate one (1) year periods, so that the termination date of the Original Agreement, as amended by this Amendment (the "<u>Amended Agreement</u>") shall be December 31, 2016.
- 2. <u>Maximum Amount</u>. (a) The Maximum Amount in the Original Agreement shall be increased by **Three Thousand Five Hundred Dollars** (\$3,500.00), so that the maximum amount that the County shall pay to the Contractor as full consideration for all

Services provided under the Amended Agreement shall be Seven Thousand Dollars (\$7,000.00) (the "Amended Maximum Amount").

3. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the Contractor and the County have executed this Amendment as of the date first above written.

MID-ISLAND ANIMAL HOSPITAL, DR. MITCHELL E. KORNET

By:

Name:

Title:

Date:

3-18-16

NASSAU COUNTY

By: Charles Albard

Title: Deputy County Executive

Date: 6/74/16

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK))ss.:
COUNTY OF NASSAU)
On the 8th day of March in the year 201 before me personally came Mitchell E Kornet to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the of Midls and Anual 405pital the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.
NOTARY PUBLIC MICHELE GRIGONIS Notary Public, State of New York No. 30-4886987 Cartificate filed in New York County Commission Expires March 9, 19
STATE OF NEW YORK)
)ss.: COUNTY OF NASSAU)
On the 30 day of 100 in the year 2016 before me personally came Crostes Rushoo to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of
NOTARY PUBLIC PUBLIC PUBLIC PUBLIC PORTARY ON, 2017 NASSAU COUNTY PORTARY ON, 2017 PORTARY OF NEW MILLION PORTARY ON, 2017 PORTAR

Edward P. Mangano County Executive

> Scott D. Tusa Chief Fire Marshal



Nassau County Fire Commission
Office of Fire Marshal
1194 Prospect Avenue
Westbury, New York 11590-2723
(516) 573-9900

INTER-DEPARTMENTAL MEMO

To:

CONTRACT OFFICE

FROM:

SCOTT D. TUSA, CHIEF FIRE MARSHAL

DATE:

JANUARY 11, 2016

SUBJECT:

EXECUTIVE ORDER #1-1993, DR. MITCHELL E. KORNET, DVM

We are exercising one of the renewals for one year beginning January 1, 2016 and ending December 31, 2016 from CQFC15000002. Dr, Mitchell E. Kornet has been providing veterinary and grooming services to our K-9, Umi, since Dr. Arthur Wilder retired in September, 2014.

The contract for the Westbury Animal Hospital expired on December 31, 2014. Dr. Wilder has retired from his practice as of September 9, 2014. Our office has hand-delivered contract proposals to three (3) local veterinarians — Levittown Animal Hospital, Island Trees Animal Hospital and Mid Island Hospital. As of today's date, we have received only one response which was from Dr. Kornet of Mid Island Animal Hospital.

The proposed contract we sent out to these three veterinarians was for providing grooming and veterinary services for one canine assigned to the Fire Marshal's Office, Fire Investigation Division.

Scott D. Tusa

Chief Fire Marshal

Edward P. Mangano County Executive

Thomas E. Tilley Chief Fire Marshal



Nassau County Fire Commission Office of Fire Marshal 1194 Prospect Avenue Westbury, New York 11590-2723 (516) 573-9900

INTER-DEPARTMENTAL MEMO

To:

CONTRACT OFFICE

FROM:

THOMAS E. TILLEY, FIRE MARSHAL

DATE:

JANUARY 30, 2016

SUBJECT:

CSEA NOTIFICATION - MID-ISLAND ANIMAL HOSPITAL

This is to advise that the above referenced proposed contract has engendered no response from the CSEA after their notification of our intent on December 30, 2015.

Scott D. Tusa Chief Fire Marshal

Contract Section 32 Procedure - no response

George Maragos Comptroller



OFFICE OF THE COMPTROLLER

240 Old Country Road Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Mitchell E. Kornet, DVM
CONTRACTOR ADDRESS: Mid Island Animal Hospital, 26401d Coun Road, Hicksville Ny 11801 FEDERAL TAX ID #: 112648297
FEDERAL TAX ID #: 112048297
Instructions: Please check the appropriate box ("\overline{\times}") after one of the following roman numerals, and provide all the requested information.
I. The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in [newspaper] on
in [newspaper] on [date]. The sealed bids were publicly opened on [date] [#] of sealed bids were received and opened.
II. The contractor was selected pursuant to a Request for Proposals. The Contract was entered into after a written request for proposals was issued on March 20, 2009. Potential proposers were made aware of the availability of the RFP by advertisement in Newsday, posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on April 28, 2009. Five (5) proposals were received and evaluated. The evaluation committee consisted of: three members of the Comptroller's Office and one member of the County Executive's Office. The proposals were scored and ranked. As a result of the

This is a renewal, extension or amendment of an existing contract. The contract was originally executed by Nassau County on 2/27/2015 [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after three proposals were sent at after previous set. (Instrument Animal topolary) and the contract of the proposals were sentenced into after three proposals were sentenced. In the contract of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.
IV. A Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.
☐ A. The contract has been awarded to the proposer offering the lowest cost proposal, OR:
B. The attached memorandum contains a detailed explanation as to the reason(s)why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.
V. — Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.
A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

required through an inter-municipal agreement.
VI. This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.
In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.
VII. This is a public works contract for the provision of architectural, engineering
or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.
VIII. Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.
IX. Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.
X. Nendor will not require any sub-contractors.
In addition, if this is a contract with an individual or with an entity that has only one or two employees: a review of the criteria set forth by the Internal Revenue Service, Revenue Ruling No. 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.
Department Head Signature
1/13/16
Date

□ D. Pursuant to General Municipal Law Section 119-o, the department is purchasing the services

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum. Compt. form Pers./Prof. Services Contracts: Rev. 309/15

Exhibit A



POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions

ending on the date of this disclosure, or (b) years prior to the date of this disclosure an campaign committees of any of the follow committees of any candidates for any of the	aw in (a) the period beginning April 1, 2016 and beginning April 1, 2018, the period beginning two d ending on the date of this disclosure, to the ing Nassau County elected officials or to the campaign are following Nassau County elected offices: the County ller, the District Attorney, or any County Legislator?
	NO
	e signed by a principal of the consultant, contractor or m for the purpose of executing Contracts.
The undersigned affirms and so swears the statements and they are, to his/her knowle	at he/she has read and understood the foregoing dge, true and accurate.
	ms that the contribution(s) to the campaign committees thout duress, threat or any promise of a governmental emuneration.
Dated: 3/18/16	Vendor: MID ETSIMUS AN IMAC HOSPITAL Signed: MIJ JWY Print Name: M. TAKELL KOZNET Title: OWDE V
	The Company of the Co

PRINCIPAL QUESTIONNAIRE FORM

5.

If Yes, provide details.

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO

SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD Principal Name Date of birth __/_ Home address Citv/state/zip Business address City/state/zip Telephone Other present address(es) City/state/zip Telephone List of other addresses and telephone numbers attached Positions held in submitting business and starting date of each (check all applicable) 2. President / / Treasurer / __/__ Chairman of Board ___/__/ Shareholder __/_/__OWNER 8-12-83 Chief Exec. Officer ___/__/ Secretary ___/__/ Chief Financial Officer / / Partner / / BWHER 8-12-83 Do you have an equity interest in the business submitting the questionnaire? 3. YES V NO ___ If Yes, provide details. DWNER Are there any outstanding loans, guarantees or any other form of security or lease or any 4. other type of contribution made in whole or in part between you and the business submitting the questionnaire? YES NO V If Yes, provide details. ルロ (かん) Within the past 3 years, have you been a principal owner or officer of any business or noty

for-profit organization other than the one submitting the questionnaire? YES ____ NO ____;

6.	Section	y governmental entity awarded any contracts to a business or organization listed in 5 in the past 3 years while you were a principal owner or officer? YES NO provide details.		
NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.				
7.	 In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer: 			
•		Been debarred by any government agency from entering into contracts with that agency? YES NO If Yes, provide details for each such instance.		
	b.	Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? YES NO _v If Yes, provide details for each such instance.		
	C.	Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? YES NO If Yes, provide details for each such instance.		
	d.	Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? YES NO If Yes, provide details for each such instance.		
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)				
		Is there any felony charge pending against you? YES NO _i If Yes, provide details for each such charge.		
	b)	Is there any misdemeanor charge pending against you? YES NO _/ If Yes, provide details for each such charge.		
	c)	Is there any administrative charge pending against you? YESNO If Yes, provide details for each such charge.		
	d)	In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness of the underlying facts of which related to the conduct of business? YES NO _v If Yes, provide details for each such conviction.		

	e)	misdemeanor? YES NO If Yes, provide details for each such conviction.
	f)	In the past 5 years, have you been found in violation of any administrative or statutory charges? YES NO If Yes, provide details for each such occurrence.
9.	years, invest subject for, or respon	lition to the information provided in response to the previous questions, in the past 5 have you been the subject of a criminal investigation and/or a civil anti-trust igation by any federal, state or local prosecuting or investigative agency and/or the ct of an investigation where such investigation was related to activities performed at, on behalf of the submitting business entity and/or an affiliated business listed in use to Question 5? YES NO If Yes, provide details for each such igation.
10.	listed anti-tr includ princi	lition to the information provided, in the past 5 years has any business or organization in response to Question 5, been the subject of a criminal investigation and/or a civil ust investigation and/or any other type of investigation by any government agency, ing but not limited to federal, state, and local regulatory agencies while you were a pal owner or officer? YES NO If Yes; provide details for each such igation.
11.	respo proce	past 5 years, have you or this business, or any other affiliated business listed in nse to Question 5 had any sanction imposed as a result of judicial or administrative edings with respect to any professional license held? YES NO If Yes; de details for each such instance.
12	applic	ne past 5 tax years, have you failed to file any required tax returns or failed to pay any cable federal, state or local taxes or other assessed charges, including but not limited ter and sewer charges? YES NO _v If Yes, provide details for each such

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A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworp to before me this 8 day of Harch 20/4

Notary Public

MICHELE GRIGONIS
Notary Public, State of New York
No. 30-4886987
Qualified in Nassau County
Certificate filed in New York County
Commission Expires March 3, 79

MIS 351 AND ANIMAL HOSPITHL Name of submitting business

Print name

Signature

Title

Date

Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

QUE	E ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING ESTIONS). e:
1)	Proposer's Legal Name: MID ISHAWD ANIMAL HESPITAL LL
2)	Address of Place of Business: 264 W. DID COUNTRY RD, HICKSVILLE NY 1180
List	all other business addresses used within last five years:
3)	Mailing Address (if different):
Pho	one:
Doe	es the business own or rent its facilities?
	Dun and Bradstreet number:
5)	Federal I.D. Number: 11 26 4 8297
6)	The proposer is a (check one): Sole Proprietorship Partnership Corporation Other (Describe)
7)	Does this business share office space, staff, or equipment expenses with any other business? Yes No If Yes, please provide details:
8)	Does this business control one or more other businesses? Yes No If Yes, please provide details:

9)	any other business? Yes No If Yes, provide details
10)	Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated? Yes No If Yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).
11)	Has the proposer, during the past seven years, been declared bankrupt? Yes No If Yes, state date, court jurisdiction, amount of liabilities and amount of assets
12)	In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, of on behalf of an affiliated business. Yes No If Yes, provide details for each such investigation
13)	In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes No If Yes, provide details for each such investigation
14]	Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business: a) Any felony charge pending? Yes No If Yes, provide details for each such charge
	b) Any misdemeanor charge pending? Yes No 1/2 If Yes, provide details for each such charge
	c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Yes No

KEGETAFFA DALVADA GOLOGIAL

Supplement to Form 17 B

In the event of a potential conflict I will notify Nassau County for Nassau County to determine if a conflict does indeed exist.

Mitchell Kornet, DIV DV M

Mid Island Animal Hospital

ł	If Yes, provide details for each such conviction
	d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor? Yes No If Yes, provide details for each such conviction
	e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? Yes No If Yes, provide details for each such occurrence.
business have respect to a	(5) years, has this business or any of its owners or officers, or any other affiliated ad any sanction imposed as a result of judicial or administrative proceedings with any professional license held? Yes No; If Yes, provide details for instance
pay any ap limited to w	st (5) tax years, has this business failed to file any required tax returns or failed to oplicable federal, state or local taxes or other acsessed charges, including but not water and sewer charges? Yes No if Yes, provide details for each Provide a detailed response to all questions checked 'YES'. If you need more otocopy the appropriate page and attach it to the questionnaire
Provide a deta photocopy the	ailed response to all questions checked "YES". If you need more space, appropriate page and attach it to the questionnaire.
17) Conflict of a) conf	Interest: Please disclose any conflicts of interest as outlined below. NOTE: If no flicts exist, please expressly state "No conflict exists." (i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
	(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
	(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
b)	Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.

A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Should the proposer be other than an individual, the Proposal MUST include:

- i) Date of formation;
- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner;
- iii) Name, address and position of all officers and directors of the company;
- iv) State of incorporation (if applicable);
- v) The number of employees in the firm;
- vi) Annual revenue of firm;
- vii) Summary of relevant accomplishments
- viii) Copies of all state and local licenses and permits.
- B. Indicate number of years in business. 53
- C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services.
- D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work.

	HUNTINGTON ANIMAL HOSPITAL
Contact Person_	JEFFREY KROMER DUM
Address	113 WHIT WHITMAN 78
City/State	HUNTIPGTON NY 15746
Telephone	631-423 -7020
Fax #	
E-Mail Address_	

Company		
Contact Person	ADAM KRAWCZYK DWA	
Address	93 OLD COUNTRY ZX	
City/State	GAT BURY NY	
Telephone	516-333.0400	
E-Mail Address		
· ·		
Company	CENTRAL ANIMAL HOSPITH	
	CENTRAL ANIMAL HOSPITAL MILHAEL WOLTZ DVM	
Contact Person	MITH AND WOLTZ DVM	
Contact Person		
Contact Person Address City/State	MILLARY WOCTZ DVM. 317 ATOSIEY RD.	
Contact Person Address City/State Telephone	MILHAEL WOCTZ DVM.	

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRACONNECTION WITH THIS QUESTIONNAIRE MAY RESUL SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WI'BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECTALSE STATEMENT TO CRIMINAL CHARGES.	T IN RENDERING THE THE PRESENT
the items contained in the foregoing pages of this questionna attachments; that I supplied full and complete answers to ea knowledge, information and belief; that I will notify the Count circumstances occurring after the submission of this question the contract; and that all information supplied by me is true to information and belief. I understand that the County will rely questionnaire as additional inducement to enter into a contraentity.	aire and the following pages of chitem therein to the best of my by in writing of any change in naire and before the execution of the best of my knowledge, on the information supplied in this
	1/2
Syyorn to before me this agy of Harch	20 <u>/</u> 6
Michele Strigerio	MICHELE GRIGONIS Notary Public, State of New York No. 30-4886987 Qualified in Nessau County
Notary Public	Contilicate filed in New York County Commission Expires March 9, 19
Name of submitting business: MID ISLAND AND	MAL HOSPITAL
By: MITERELL KORNET	
Signature Signature	
THE THE	
3,/6,16	
Date	

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1.	Name of the Entity: Mid Island Animal Kospill L
	Name of the Entity: Mrd Island Animal Rospital C Address: 264 W. Old County Al
	City, State and Zip Code: Hocksville, N.J. 11801
2.	Entity's Vendor Identification Number:
3.	Type of Business:Public CorpPartnershipJoint Venture
	Ltd. Liability Co Closely Held Corp Other (specify)
of Join	List names and addresses of all principals; that is, all individuals serving on the Board of tors or comparable body, all partners and limited partners, all corporate officers, all parties and Ventures, and all members and officers of limited liability companies (attach additional sif necessary): Mitchell Korret 264 W Old Comby Ad Hicksrills Will
5. sharel held (List names and addresses of all shareholders, members, or partners of the firm. If the holder is not an individual, list the individual shareholders/partners/members. If a Publicly Corporation, include a copy of the 10K in lieu of completing this section. A COLOR OF THE HOLD CONTROL O

(b)	Describe lobbying activities.	ivity of each lobbyist.	See below for a comp	olete
iescription	or loodying activities.	11/	1	
				
(c) Nassau Cou	List whether and whe unty, New York State):	/	ation is registered as a l	
		NA		
8. VE	RIFICATION: This sector Vendor authorized as	tion must be signed by a signatory of the firm	a principal of the constort for the purpose of exe	sultant, cuting Contracts.
The unders	signed affirms and so swe and they are, to his/her l	ears that he/she has rea knowledge, true and ac	ad and understood the securate.	foregoing
Dated:	z-1316	Signed:	Mully	114
Dawu.		Print Name:	Mitchell	Lornet M
			One	
		Title:		

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

Department: Fire Commission Contract ID#: CQFC 15000002 SERVICE K-9 veterinary Contract Details NIFS ID # CQFC 1500002 NIFS Entry Date: 128/15 Term: from 11/15 New X Renewal 1) Mandated Program: Yes 🔯 No 🗍 2) Comptroller Approval Form Attached: Yes 📉 No 🗀 Amendment Time Extension 3) CSEA Agreement § 32 Compliance Attached: Yes 🔯 No 🔲 4) Vendor Ownership & Mgmt, Disclosure Attached; Addl. Funds Yes [X] No 🗌 Blanket Resolution 5) Insurance Required Yes 🔯 RES# Agency Information Vendor County Départment Department Contact Scott D. TUSA Nema Kitchell E. Kornet, 112648297 Address 1194 Prospect Avenue Address Hid Island Animal Hospital Dr. Mitchell Kornet Westbury, MY 11590 244 old Country Road 516681-5477 Hicksville, NY 11801 516 573 9991 Routing Slip DATE Appv'd&. Fv/d. Leg. Approval Internal Verification . SIGNATURE : DEPARTMENT Required NIFS Entry (Dept) NIFS Appyl (Dept. Head) Department Contractor Registered Yes No' NIFS Approval ОМВ Not required if (Contractor Registered) blanket resolution CA RE & Insurance County Attorney

Yes No

l'erification

MIFS Appraval

NIFS Approval

Notarization

CA Approval as to form

Fw'd Original Contract to

Filed with Clerk of the Leg.

County Attorney

Legislative Affairs

County Attorney

Comptroller

/ J County Executive

Contract ID#: CQFC 1500002



Department: Fire Commission

Contract Summary

Description: Veteri	inary and gre	porning Seri	<u>vices</u>		
Purpose: new agreem	ent for one year	r, with I wo	(2) cn	e war terms (renewals) Lettection canine trained an L., Fire Investigations Divis	to provide
reterinary add groc	iming sexulces fi	r UMI an accel	erant o	1646 GUISO COMOS TECINE O ON	ig breniged by
ALE OF NO COST FOTH	e County for the use	DUGINA SIL TA	12 DEGCE	-, HIC investigations Divis	7010
Method of Procurement: 19 OC	Hober 2014, Dr F	Arthur Wilder 1	cetice d	. and invitation for propo	ch pec
were sent to three	Veterinarians	- Island Tree	es Vete	crinary Hospital, Léville	NOO .
Animal Hospital ar	id Wid Island Ani	mal Hospital i	na NHa	and invitation for propo crimary Hospital, Levillo by response from hid Isla	Tug Hulma 1
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K-43 mother cou	e sur l'estace e l'eti	ナナッピハ(リカベル) イ	erea n alu Det	is scrvices to our depar Kornet responded.	141)6116
Description of General Provisions	:	a marana o	ma b.	CONTROL SESPENCIAL SES	
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emergener	rtreatment as	redniss a.			
Impact on Funding / Price Analys	ais:				
0000					
nane					
Change in Contract from Prior P	rocurement				
none.					
Recommendation: (approve as s	u baritted)			_	
	**************************************			100	
Advisement Info	rmation				
BUDGET CODES	FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT.
Fund: FC	Revenue Contract	XXXXXXX	1	FOFOFIZOD DESOO	\$3500,00
Control: (O	County	\$3500.00	2		S
Resp: 1200	Federal	S	3	1 00	\$
Object: DE500	State	3	4	J. mati 3/19/15	S
Transaction:	Capital	5	5		S
T12112dostott	Other	\$	6		\$
RENEWAL	TOTAL	\$3500.00		TOTAL	\$3500.00
% Increase		0			
% Decrease	Document Prepared By:	(H F) 7	رسد. مدان کردار میروسید	Date:	1/23/15
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29FC15000002

Howard S. Weltzman Comptroller



OFFICE OF THE COMPTROLLER
240 Old Country Road
Mincola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Dr Hitchell E, Kornet, DVM
CONTRACTOR ADDRESS: Mid Island Hospital, 264 old Country Rd, Hicksin My 118
FEDERAL TAX ID #: 112648297
Instructions: Please check the appropriate box ("\overline{\overli
I. The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in [newspaper] on [date]. The sealed bids were publicly opened on [date] [#] of sealed bids were received and opened.
II. The contractor was selected pursuant to a Request for Proposals. The Contract was entered into after a written request for proposals was issued on [date]. Potential proposers were made aware of the availability of the RFP by [newspaper advertisement, posting on website, mailing, etc.]. [#] of potential proposers requested copies of the RFP. Proposals were due on [date]. [#] proposals were received and evaluated. The evaluation committee consisted of:
[list members]. The proposals were scored and ranked. As a result of the scoring and ranking (attached), the highest-ranking proposer was selected.

III. This is a renewal, extension or amendment of an existing contract. The contract was originally executed by Nassau County on [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after
[describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation
of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.
IV. A Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal. Unly one, Mid Island Hospital Dr. Kornet, responded.
A. The contract has been awarded to the proposer offering the lowest cost proposal, OR:
☐ B. The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.
V. — Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.
A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a count order. (Copies of the relevant documents are attached).
C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no. and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

CQFC15000002

D. Pursuant to General Municipal Law Section 119-0, the department is purchasing the services required through an inter-municipal agreement. VI.

This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county. In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable. VII.

This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms. In addition, if this is a contract with an individual or with an entity that has only one or two employees: a review of the criteria set forth by the Internal Revenue Service, Revenue Ruling No. 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Department Head Signature Scott Ditusa, Chief Fire Harshyl

Compt. form Pers/Prof Services Contracts: Rev. 02/04

Edward P. Mangano County Executive

> Scott D. Tusa Chief Fire Marshal



Nassau County Fire Commission Office of Fire Marshal 1194 Prospect Avenue, Westbury, New York 11590-2723 - (518) 573-9900

INTER-DEPARTMENTAL MEMO

To:

CONTRACT OFFICE

EROM:

SCOTT D. TUSA, CHIEF FIRE MARSHAL

DATE:

JANUARY 15, 2015

SUBJECT:

EXECUTIVE ORDER #1-1993, DR. MITCHELLE, KORNET, DVM

The contract for the Westbury Animal Hospital expired on December 31, 2014. Dr. Wilder has retired from his practice as of September 9, 2014. Our office has hand-delivered contract proposals to three (3) local veterinarians – Levittown Animal Hospital, Island Trees Animal Hospital and Mid Island Hospital. As of today's date, we have received only one response which was from Dr. Kornet of Mid Island Animal Hospital.

The proposed contract we sent out to these three veterinarians was for providing grooming and veterinary services for one canine assigned to the Fire Marshal's Office, Fire Investigation Division.

Scott D. Tusa Chief Fire Marshal

Les Gradinate Marie

Edward P. Mangano County Executive

Thomas E. Tilley Chief Fire Marshal



Nessau County Fire Commission Office of Fire Marshal 1194 Prospect Avenue Westbury, New York 11590-2723 (516) 573-9900

INTER-DEPARTMENTAL MEMO

To:

CONTRACT OFFICE

FROM:

SCOTT D. TUSA, FIRE MARSHAL

DATE:

JANUARY 29, 2015

SUBJECT:

CSEA NOTIFICATION -- DR. MITCHELL E. KORNET, MID ISLAND ANIMAL HOSPITAL

This is to advise that the above referenced proposed contract has engendered no response from the CSEA after their notification of our intent on December 9, 2014.

Scott D. Tusa Chief Fire Marshal

Contract Section 32 Procedure - no response

Department: Fire Commission Contract ID#: CQFC 15000002 SERVICE K-9 veterinary NIFS ID # <u>CQFC1500002</u> NIFS Entry Date: 1/28/15 Term: from 1/1/15 1) Mandated Program: Yes 🔀 № [] New 🔀 Renewal Yes 🗡 2) Comptroller Approval Form Attached: No 🗌 Amendment 3) CSEA Agreement § 32 Compliance Attached: Yes 🔀 Time Extension No 🗌 4) Vendor Ownership & Mgmt. Disclosure Attached: До 🔲 Addl. Funds Blanket Resolution 5) Insurance Required Yes 🔀 RES# Agency Information

Vendo	Partie Land Control Co
Name Hitchell E. Kornet,	Vendor ID#
DVH	112648297
Address Mid Island Animal Hospital	Contact Person
264 Old Country Road	Dr. Mitchell Kornet
	Phone
Hicksville, NY 11801	516681-5477

County Department

Department Contest Scott D. Tusa

Chief Fire Marshal

Address 1194 Prospect Avenue

Westbury, NY 11590

Phone

516 573 9991

Routing Slip

DATE -	DEPARTMENT	Internal Verification	DATE Appy d& Fw [†] d.	SIGNATU	RE	Leg. Approval Regulred &
1/28/15	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head) Contractor Registered		Sut D	Tu	
	ОМВ	NIFS Approval (Contractor Registered)	- 14/H	1 /he		Yes No' Not required if blanket resolution
2/19/5	County Attorney	CA RE & Insurance Verification	13/19/15	ameto	7	
2/19/15	County Attorney	CA Approval as to form	12/1/1	F. D. 4	(/	Yes No
77	Legislative Affairs	Fw'd Original Contract to CA				
2/19/15	County Attorney	NIFS Approval	2/10/	$+ \lambda . /$		
7767	Comptroller	NIFS Approval	15/1/6/15	The P	By.	
2/27/4	County Executive	Notarization Filed with Clerk of the Leg.	1/27/6	t Ch	'Ar	!

Contract ID# CCFC1500002



Department: Fire Cornings in

Contract	Sun	ımar	У

Jonifact Suffillar					
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Howard S. Weitzman Comptroller



OFFICE OF THE COMPTROLLER 240 Old Country Road Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: Dr Hitchell E, Kornet, DVH	
CONTRACTOR ADDRESS: Mid Island Hospital, 264 old Country R. FEDERAL TAX ID #: 112648297	d, Hicksun
FEDERAL TAX ID #: 112648297	
Instructions: Please check the appropriate box ("\sum") after one of the from an numerals, and provide all the requested information.	following
I. The contract was awarded to the lowest, responsible bidder after advertiged for sealed bids. The contract was awarded after a request for sealed bids was in [newspaper] on [date]. The sealed bids were publicly opened on [date] [date] [date].	hannana
II. The contractor was selected pursuant to a Request for Proposals. The Contract was entered into after a written request for proposals was issued on	rs requested
[list members]. The proposals were ranked. As a result of the scoring and ranking (attached), the highest-ranking proposer was so	scored and elected.
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VI.

This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII.

This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

In addition, if this is a contract with an individual or with an entity that has only one or two employees:

a review of the criteria set forth by the Internal Revenue Service, Revenue Ruling No. 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

Department Head Signature SCOHD TUSA, Chief Fire Marshal

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers./Prof. Services Contracts: Rev. 02/04

Calvar (P. Marr) and County Free July 2

Scott D. Tushi Period For March 2



Nassau County Fire Commiss of Office of Fire Marshal 194 Prosped Averue Visibiny, Nov York 11500-2723 (515) 573-1970

INTER-DEPARTMENTAL MEMO

To:

CONTRACT OFFICE

FROM:

SCOTT D. TUSA, CHIEF FIRE MARSHAL

DATE:

JANUARY 15, 2015

SUBJECT:

EXECUTIVE ORDER #1-1993, DR. MITCHELL E. KORNET, DVM

The contract for the Westbury Animal Hospital expired on December 31, 2014. Dr. Wilder has retired from his practice as of September 9, 2014. Our office has hand-delivered contract proposals to three (3) local veterinarians – Levittown Animal Hospital, Island Trees Animal Hospital and Mid Island Hospital. As of today's date, we have received only one response which was from Dr. Kornet of Mid Island Animal Hospital.

The proposed contract we sent out to these three veterinarians was for providing grooming and veterinary services for one canine assigned to the Fire Marshal's Office, Fire Investigation Division.

Scott D. Tusa

Chief Fire Marshal

Edward P. Mangano County Executive

Thomas E. Tilley Chief Fire Marshal



Nassau County Fire Commission Office of Fire Marshal 1194 Prospect Avenue Westbury, New York 11590-2723 (516) 573-9900

INTER-DEPARTMENTAL MEMO

To:

CONTRACT OFFICE

FROM:

SCOTT D. TUSA, FIRE MARSHAL

DATE:

JANUARY 29, 2015

SUBJECT:

CSEA NOTIFICATION -- DR. MITCHELL E. KORNET, MID ISLAND ANIMAL HOSPITAL

This is to advise that the above referenced proposed contract has engendered no response from the CSEA after their notification of our intent on December 9, 2014.

Scott D. Tusa

Chief Fire Marshal

Contract Section 32 Procedure - no response

CONTRACT FOR SERVICES

THIS AGREEMENT, dated as of October____, 2014 (together with the sonedules, appendices, attachments and exhibits, if any, this "Agreement"), is entered into by and betwee: Nassau County, a municipal corporation having its principal office at 1550 Frankfin Avenue, Win _____. New York 11501 (the "County"), acting on behalf of the Nassau County Fire Commission having a principal office at 1194 Prospect Avenue, Westbury, New York 11590 (the "Commission"), and is principal office at 1194 Prospect Avenue, Westbury, New York 11590 (the "Commission"), and is Mid Island Animal Hospital, Dr. Mitchell E. Kornet, having its principal office at 164 W. Ort County, Road, Hicksville, New York 11801 (the "Contractor").

WITNESSETH:

WHEREAS, the County desires to hire the Contractor to perform the services described to this Agreement; and

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter;

WHEREAS, the Contractor desires to perform the services described in this Agreement.

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Agreement, the parties agree as follows:

- 1. Term. This Agreement shall commence on October 1, 2014 and terminate on December 31, 2014. This Agreement may be renewed, at the option of the County, for three 5 one (1) year terms commencing on January 1, 2015, January 1, 2016 and January 1, 2017 respectively Notwithstanding the foregoing, this Agreement is subject to sooner termination as provided herein.
- 2. <u>Services</u>. The services to be provided by the Contractor under this Agreement shall consist of providing veterinary and grooming services ("services") as needed to canno high assigned to the Office of the Fire Marshal..
- 3. Payment. (a) Amount of Consideration. The maximum amount to be paid to the Contractor as full consideration for the Contractor's services under this Agreement shall be Three Thousand Five Hundred Dollars (\$3,500.00) payable as follows: the Contractor shall be paid pursuant to the rate schedule attached hereto as Exhibit "A".
- (b) <u>Vouchers</u>; <u>Voucher Review</u>, <u>Approval and Audit</u>. Payments shall be made to the Contractor in arrears and shall be contingent upon (i) the Contractor submitting a claim voucher (the "Voucher") in a form satisfactory to the County, that (a) states with reasonable specificity the services provided and the payment requested as consideration for such services, (b) certifies that the services rendered and the payment requested are in accordance with this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Commission and/or the County Comptroller or his or her duly designated representative (the "Comptroller").
- (c) <u>Timing of Payment Claims</u>. The Contractor shall submit claims no later than three (3) months following the County's receipt of the services that are the subject of the claim and no more frequently than once a month.
- (d) No Duplication of Payments. Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the Out tradtor and any funding source including the County.
 - e Rayments in Connection with Termination or Notice of Terminator. Unless a unusion of

this Agreement expressly states otherwise, payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after the Contractor received notice that the County did not desire to receive such services.

- 4. <u>Independent Contractor</u>. The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "<u>Contractor Agent</u>"), be (i) deemed a County employee, (<u>ii</u>) commit the County to any obligation, or (<u>iii</u>) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "<u>Person</u>" means any individual person, entity (including partnerships, corporations and limited word "<u>Person</u>" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).
- 5. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.
- 6. Compliance with Law. (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, discrimination, a living wage, disclosure of information, and vendor registration, in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendix EE attached hereto and with the County's vendor registration protocol. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.
- (b) Nassau County Living Wage Law. Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:
 - (i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;
 - (ii) Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, the occurrence of which shall be determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.
 - (iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its certification of compliance, attached as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.
 - (c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of

the contract or as required by law. The Contractor acknowledges that Contractor Information is the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

- 7. <u>Minimum Service Standards</u>. Regardless of whether required by Law: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.
- (b) The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.
- 8. <u>Indemnification; Defense; Cooperation.</u> (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Commission and its officers, employees, and agents (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any of a Loss that is caused by the negligence of the County.
 - (b) The Contractor shall, upon the County's demand and at the County's direction, prompty and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties for which the Contractor is responsible under this Section, and, further to the Contractor's indemnification obligations, the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.
 - (c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County and the Commission in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or a Contractor Agent in connection with this Agreement.
 - (d) The provisions of this Section shall survive the lermination of this Agreement.
 - 9. <u>Insurance.</u> (a) <u>Types and Amounts.</u> The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than one million dollars (\$1,000,000) per claim and two million dollars (\$2,000,000) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single combined limit liability of not less than one

million dollars (\$1,000,000) per claim, (<u>iii</u>) compensation insurance for the benefit of the Contractor's employees ("<u>Workers' Compensation Insurance</u>"), which insurance is in compliance with the New York State Workers' Compensation Law, and (<u>iv</u>) such additional insurance as the County may from time to time specify.

- (b) Acceptability: Deductibles; Subcontractors. All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State and acceptable to the County, and which is (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in deduction with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.
- (c) Delivery; Coverage Change; No Inconsistent Action. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Commission. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Commission of the same and deliver to the Commission renewal or replacement certificates of Commission of the same and deliver to the Commission renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation insurance shall render this contract void and of no effect. The failure of the Contractor to maintain required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.
 - and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.
 - 11. <u>Termination</u>. (a) <u>Generally</u>. This Agreement may be terminated (<u>i</u>) for any reason by the County upon thirty (30) days' written notice to the Contractor, (<u>ii</u>) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (<u>iii</u>) upon mutual written Agreement of the County and the Contractor, and (<u>iv</u>) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the Commissioner or other head of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is

impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving ring the the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner

- (c) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.
- period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the federal Office of Management & Budget Circular A-122, "Cost Principles for Non-Profit Organizations." Such Records shall at all times be available for audit and inspection by the Comptroller, the Commission, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.
- 13. <u>Limitations on Actions and Special Proceedings against the County.</u> No action of special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:
- (a) Notice. At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Commission and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.
- (b) <u>Time Limitation</u>. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.
- 14. Work Performance Liability. The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.
 - 15. Consent to Jurisdiction and Venue; Governing Law. Unless otherwise specified in this

Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.

- 16. Notices. Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) overnight delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Commission, to the attention of the Commissioner at the address specified above for the Commission, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Commission) at the address specified above for the County, (iii) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or in each case to such other persons or addresses as shall be designated by written notice.
 - 17. All Legal Provisions Deemed Included; Severability; Supremacy. (a) Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.
 - (b) In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.
 - (c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.
 - (d) Each party has cooperated in the negotiation and preparation of this Agreement. Therefore, in the event that construction of this Agreement occurs, it shall not be construed against either party as drafter.
 - Section and Other Headings. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.
 - 19. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

20. Administrative Service Charge. The Contractor agrees to pay the County an administrative service charge of N/A dollars (\$0.00) for the processing of this Agreement pursuant to Ordinance Number 74-1979, as amended by Ordinance Number 128-2006. The administrative service charge shall be due and payable to the County by the Contractor upon signing this

Contractor checks for the administrative service charge should be payable to the order of "Nassau

County."

- 21. Executory Clause. Notwithstanding any other provision of this Agreement:
- (a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).
- (b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement, and, if any portion of the funds for this Agreement are from the state and/or federal governments, then beyond funds available to the County from the state and/or federal governments.

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement as of the date first above written.

MID ISLAND ANIMAL HOSPITAL, LLC

Name: Title:_ Date:

NASSAU COUNTY

Ву: Name:

Title: Deputy County Executive

Date:___

PLEASE EXECUTE IN BLUE INK

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)
COUNTY OF NASSAU)
On theday of in the year before me personally came to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of ; that he or she is the of , the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation
STATE OF NEW YORK))ss.: COUNTY OF NASSAU)
On the Aday of Johnson in the year U before me personally came said that (s)he resides in Aday County; that (s)he is the County Executive or Ochief Deputy County Executive or Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument and that (s)he signed his/her name thereto pursuant to Section 205 of the County Government Law of Nassau County.
NOTART TOBLIC

STATE OF	NEW YORK)
COUNTY	OF NASSAU)
say that n	the Say of School in the year 2014 before me personally came to me personally known, who, being by me duly sworn, did depose and the corshe is the e or she resides in the County of Nasaul ; that he or she is the fer she corporation described herein of executed the above instrument; and that he or she signed his or her name thereto by of the board of directors of said corporation.
h.1	OTARY PUBLIC MICHELE A. SCARAZZINI
1\	OTARY PUBLIC MICHELE A. SCARAZZINI NOTARY PUBLIC-STATE OF NEW YORK NO. 01SC6106842
	No. 018C6106842
	Suglified in Nassau County © Commission Expires March 15, 20
	A COMMINSTALL CARRIED WORLD AND TO THE
STATE	OF NEW YORK)
	jss
COUNT	Y OF NASSAU)
say tha Execut	On the day of <u>Tantama</u> in the year 2014 before me personally came the or she is a Deputy County to me personally known, who, being by me duly sworn, did depose the or she resides in the County of <u>NASSAU</u> ; that he or she is a Deputy County ive of the County of Nassau, the municipal corporation described herein and which executive of the County of Nassau, the municipal corporation described herein and which executive instrument; and that he or she signed his or her name thereto pursuant to Section 205 unty Government Law of Nassau County.
	NOTARY PUBLIC - MICHELE A. SCARAZZINI
	NOTARY PUBLIC-STATE OF NEW YORK
	(Massau County
	No. 015C6106842 No. 015C6106842 Chiditiled in Nassau County My Commission Expires March 15, 20 16

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Appendix EE Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional and discrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

- (a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and programs of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.
- (b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, ocior, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
- (c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
- (d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2092, for the purpose of granting of Subcontracts.
- (e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.
- (f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.
- (g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any

additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

- (h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the Subcontractor approval when the contracting agency Within ten working days (10) of any such request existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.
- (i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.
- (j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.
- (k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.
- (I) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:
 - a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
 - b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.
 - c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified-mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive

Director, shall be final determinations and may only be vacated or modified ... provided in the civil practice law and rules ("CPLR").

(m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid the arch Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefor or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars (\$100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

- a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or publications of general circulation in Nassau County Contractor reasonably having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.
- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation
- c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation
- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.
- Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance. The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation.
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.
- h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation
- i. County Contractors may include any other type of documentation they feel

necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (I) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contracted to provide goods but no services to the County, nor a supplier of a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not read test.

Appendix B: Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

Sumorized tolerand
(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING
QUESTIONS). MITCLESS ROLLES
Date: 92414
Mid Island Minut 1050112 ZZC
1) Proposer's Legar Mains
OUESTIONS). Date:
List all other business addresses used within last five years:
3) Mailing Address (if different):
3) Mailing Address (if different): Phone:
Does the business own or rent its facilities?
4) Federal I.D. Number:
5) Dun and Bradstreet number:
6) The proposer is a (check one): Sole Proprietorship Partnership
Corporation Other (Describe)
7) Does this business share office space, staff, or equipment expenses with any other business?
7) Does this business share office space, start, or equipment of Yes No If Yes, please provide details:
Tf Yes, please
8) Does this business control one or more other businesses? Yes No If Yes, please
provide details:
9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by,
9) Does this business have one or more affiliates, and/or is it a substituty of, extending one of the substitute of the

	ency, (if a bond), date, amount of bond and reason variable and relative termination (if a contract).
1) Has the proper Yes, state date	oser, during the past seven years, been declared bankrupt? Yes No / if e, court jurisdiction, amount of liabilities and amount of assets
affiliated but investigation past 5 years, criminal investigation	tive years, has this business and/or any of its owners and/or officers and/or any siness, been the subject of a criminal investigation and/or a civil anti-trust by any federal, state or local prosecuting or investigative agency? And/or, in the have any owner and/or officer of any affiliated business been the subject of a estigation and/or a civil anti-trust investigation by any federal, state or local or investigative agency, where such investigation was related to activities to for, or on behalf of an affiliated business.
In the past 5 yes business been to federal, state officer 13) of an affilianched including to	ars, has this business and/or any of its owners and/or officers and/or any affiliated the subject of an investigation by any government agency, including but not limited and local regulatory agencies? And/or, in the past 5 years, has any owner and/or liated business been the subject of an investigation by any government agency but not limited to federal, state and local regulatory agencies, for matters pertaining twidual's position at or relationship to an affiliated business. Yes No I de details for each such investigation.

	c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? No Yes If Yes, provide details for each such conviction
	d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor? No Yes If Yes, provide details for each such conviction
	e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? No 1/2 Yes If Yes, provide details for each such occurrence.
business	ast (5) years, has this business or any of its owners or officers, or any other affiliated had any sanction imposed as a result of judicial or administrative proceedings with any professional license held? No 1/2 Yes; If Yes, provide details for the instance.
For the pass	(5) tax years, has this business failed to file any required tax returns or failed to pay ble federal, state or local taxes or other assessed charges, including but not limited to ewer charges? No Yes If Yes, provide details for each such year. Provide esponse to all questions checked 'YES'. If you need more space, photocopy the

16) Conflict of Interest:

- a) Please disclose:
 - (i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting as collection agent on behalf of Nassau County.
 - (ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting as collection agent on behalf of Nassau County.
 - (iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting as a collection agent on behalf of Nassau County.

b). Please describe any procedures your firm has, or would adopt, to assure time and Clounty that a conflict of interest would not exist for your firm in the future

None

Attachments to Business History Form

Please provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services.

A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Should the proposer be other than an individual, the Proposal should include:

- Date of formation; i)
- Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner; ii)
- Name, address and position of all officers and directors of the company; iii)
- State of incorporation (if applicable); iv)
- The number of employees in the firm; V)
- Annual revenue of firm; γi)

Telephone

- vii) Summary of relevant accomplishments
- viii) Copies of all state and local licenses and permits.
- B. Indicate number of years in business. C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services. D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work. Company_ Contact Person_

E-Mail Address_ Von mel Hosptel

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Address 73 V/a Chi	4.
City/State Wastburg 22	0400
TelephoneS16 SSS	
Fax#	
E-Mail Address	
	ne Mospital
Contact Person / (1) Contact Add	ΛΛ
Address	ATG
City/StateScardale	2 722 1250
Telephone	
Fax #	
E-Mail Address	CERTIFICATION
the items contained in the foregoing pages of this question attachments; that I supplied full and complete answers to knowledge, information and belief; that I will notify the Contract; and that all information supplied by me is true to and belief. I understand that the County will rely on the is a additional inducement to enter into a contract with the	SIBLE WITH RESPECT TO THE ION, MAY SUBJECT THE PERSON CHARGES. Attential I have read and understand all maire and the following pages of each item therein to the best of my county in writing of any change in tionnaire and before the execution of the othe best of my knowledge, information aformation supplied in this questionnaire submitting business entity.
Sworn to before me this good ay of July parameters	2009
The state of the s	MICHELE A. SCARAZZING
Notary Public	NOTARY PUBLIC-STATE OF NEW No. 018C6106842 Qualified in Nassau Count.

My Commission Expires March 15, 25

Mic	l Islan	Mul Hogel
Name of submitting business:	 }	
By: Mitchell Korne		
Print name Signature		•
Title		
15810		
Date	•	

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Appendix C-PRINCIPAL QUESTIONNAIRE FORM

Any individual who holds a ten percent or greater ownership interest in the proposer or who is an officer of the proposer shall complete and certify a Principal Questionnaire Form. All questions on these questionnaires must be answered and the answers typewritten or printed in ink. If you on these questionnaires must be answered and the answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(b) an necessary and attach them to the questionnaire.

necessary and anatherists of the quantities and
COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY, FAILURE TO
COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURSTIONNAIRE MAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURS TO NOT THE WAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURS TO NOT THE WAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURS TO NOT THE WAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURS TO NOT THE WAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OURS TO NOT THE WAY MEAN THAT YOUR BID OR SUBMIT AND THE WAY MEAN THAT YOUR BID OR SUBMIT A COMPLETE OUR SUBMIT AND THE WAY MEAN THAT YOUR BID OR SUBMIT AND THE WAY MEAN THAT YOUR BID OR SUBMIT AND THE WAY MEAN THAT YOUR BID OR SUBMIT AND THE WAY MEAN THAT YOUR BID OR SUBMIT AND THE WAY MEAN THAT YOUR BID OR SUBMIT AND THE WAY MEAN THAT YOUR BUT ON THE WAY WAS AND THE WAY WAY WAY WAY WAS AND THE WAY
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CONSIDERED FOR AWARD
Principal Name
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Ciry/state/ZID
Business address 264 W Old Gowing MA. Cirv/state/zip Hicks ville Ny, 1/80/
City/state/zip
and-prefect
Other present address(53)
City/state/Exp Telephone
List of other addresses and telephone numbers attached
2. Positions held in submitting business and starting date of each (check all applicable) Treasurer Owner 8-/2 8 \$
Chairman of Bours
Charman of Board/ Secretary/
Chief Financial Officer/ Partner/
Chief Exec. Officer Partner Chief Financial Officer Partner Vice President Do you have an equity interest in the business submitting the questionnaire? NO YES If Yes, provide details.
Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the type of contribution made in whole or in part between you and the business submitting the type of contribution made in whole or in part between you and the business submitting the type of contribution made in whole or in part between you and the business submitting the
Within the past 3 years, have you been a principal owner or officer or any business of most for-profit organization other than the one submitting the questionnaire? NO YES
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO YES If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by

NOTE: An affirmative answer is required below whether the sanction aloss determined and the sanction taken by a government agency.
NOTE: An affirmative answer is required below whether the barrier agency. operation of law, or as a result of any action taken by a government agency. operation of law, or as a result of any actions checked "YES". If you need more space, photocopy
operation of law, or as a result of any action taken by a government agency. Operation of law, or as a result of any action taken by a government agency. Operation of law, or as a result of any action taken by a government agency. Operation of law, or as a result of any action taken by a government agency. Operation of law, or as a result of any action taken by a government agency. Operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to an questionnaire. the appropriate page and attach it to the questionnaire.
the appropriate page and access to the access to th
7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations
7. In the past (5) years, have you and/or any arrinated business. listed in Section 5 in which you have been a principal owner or officer:
listed in Section 5 in winds you are
a. Been debarred by any government agency from entering into contracts with that agency? NOYES If Yes, provide details for each such instance.
A september of and/or had any
b. Been declared in default and/or terminated for cause on any contract, and/or had any contract cancelled for cause? NOYES If Yes, provide details for each
such instance.
c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO
d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO YES If Yes, provide details for each such instance.
to Overtion 5 filed a
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', now the subject of any pending bankruptcy proceedings to all questions checked provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the
questionnaire.)
questionnaire.) a) Is there any felony charge pending against you? NO YES If Yes, provide
a) Is there any felony charge pending against you.
details for each such charge.
YES If Yes,
b) Is there any misdemeanor charge pending against you? NO YES If Yes,
provide details for each such charge. If Yes,
provide details for each such charge. c) Is there any administrative charge pending against you? NO YES If Yes, provide details for each such charge.
d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NOYES If Yes, provide details for each such conviction.
e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor NO 12 YES If Yes, provide details for each such conviction.

- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO YES ____ If Yes, provide details for each such occurrence.
- In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO YES If Yes, provide details for each such investigation.
- 10. In addition to the information provided, in the past 5 years has any business or organization.

 11 It addition to the information provided, in the past 5 years has any business or organization.

 12 It addition to the information provided, in the past 5 years has any business or organization.

 13 It addition to the information provided, in the past 5 years has any business or organization.
- 11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO YES ____ If Yea; provide details for each such instance.

For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO _____YES ____ If Yes, provide details for each such year

A MATERIALLY FALSE STATEMENT WILLFULLY OR CONNECTION WITH THIS QUESTIONNAIRE MAY RESUBMITTING BUSINESS ENTITY NOT RESPONSIBLE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAKING THE FALSE STATEMENT TO CRIMINAL CH. being duly sworn, state the items contained in the foregoing pages of this questionna attachments; that I supplied full and complete answers to each knowledge, information and belief; that I will notify the Concircumstances occurring after the submission of this question contract; and that all information supplied by me is true to the and belief. I understand that the County will rely on the informational inducement to enter into a contract with the submissional inducement to enter into a contract with the submissional inducement to enter into a contract with the submissional inducement to enter into a contract with the submissional inducement to enter into a contract with the submissional inducement to enter into a contract with the submissional inducement to enter into a contract with the submission of this question.	WITH RESPECT TO THE MAY SUBJECT THE PERSON ARGES. that I have read and understand all aire and the following pages of the item therein to the best of my anty in writing of any change in anaire and before the execution of the the best of my knowledge, information to remation supplied in this questionnaire
Sworn to before me this & day of Janara 2009. 2. Minule Scanding Notary Public Name of submitting business Print name Signature Title	MICHELE A. SCARAZZINI NOTARY PUBLIC-STATE OF NEW YORK No. 015C6106842 Qualified in Nassau County My Commission Expires March 15, 20

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Appendix L

Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

	The chief executive officer of the Contractor is: MITCHELL KONNET DVM (Name) 264 WOLL COUNT A (Address & We SID COST S 477 (Telephone Number)	W
2.	The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the Contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such Contractor establishes to the satisfaction of the Department that at the time of execution of this Agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor.	
3	In the past five years, Contractor has has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:	

4.	the past five years, an administrative proceeding, investigation, or government body- itiated judicial action has has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of the Contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulating payment of the contractor in connection with federal, state, or local laws regulation with federal contractor in connection with federal co	
	Il we could by	
I he	Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance. by certify that I have read the foregoing statement and, to the best of my knowledge and it is true, correct and complete. Any statement or representation made herein shall be attended true as of the date stated below.	
— Da	Signature of Chief Executive Officer Name of Chief Executive Officer	,
	;	
 ,	MICHELE A. SCARAZZINI MICHELE A. SCARAZZINI NOTARY PUBLIC-STATE OF NEW YORK No. 01SC61D6842 Qualified in Nassau County My Commission Expires March 15, 20 Otary Public	

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				:		
	_		on or uct	PRODUCT		PRICE
TOURT PROPINCT				PRODUCT DESCRIPTION	(Qty	= 1)
PRODUCT PRODUCT DESCRIPTION	(Qty =	1)	<u>ID</u>	Semen Collection/Al		160.00
ID DESCRIPTION			306	Semen Collection Inc.	\$	52.00
THE PLACES			307	Thryoid autoantibody	Š	95.00
Category Name: ANESTHESIA SERVICES			308	3 Cardiopet-routine exam	Š	140.00
	\$	75.00	309	Cardiopel-stat exam	•	
700 ECG Monitoring Service	\$			OFFINCES		
not One andsthesia-Xfays	\$	110.00	Category N	lame: DENTAL SERVICES		
and Cas anesthesia < 25 lbs	\$ \$	115.00			ę	75.00
702 Gac anesthesia 26-60 lbs		125.00	180	O Dental Cleaning	\$	88.00
zov Cae anesthesia > 60 tos	\$	80.00	180	1 Dental Cleaning-	ĩ	105.00
and Can Angethesia/addll nour	\$		4.80	2 Dental Cleaning	\$	
and injectable angellesia - Cats	\$	80.00	400	a Dental Cleaning	\$	120.00
708 Injectable andsthesia - Dogs	5	90.00		4 Oral pro-severe tartar	\$	135.00
707 Injectable distance 708 Tranquilization	\$ \$	55.00	400	S Extraction(S)	\$	28.00
710 Local Anesthesia	\$	55.00		06 Oral Surgery (dental related)	\$	60.00
710 Local Ariestresia 711 Electronic anesthesia monitor+	\$	52,00) 100	Deciduous teeth-extract 1	Ť	55.00
711 Electronic anestresia mornis	\$	50.00	ງ າຍເ	08 Deciduous teeth-extract 2	\$	00.08
712 Oxygen - First Hour	\$	15.00) 180	DB Deciduous teeth extract 3	\$	105.00
713 Oxygen additional hours	\$	28.00	D 180	09 Deciduous teeth-extract 3	\$	120.00
714 Blood pressure monitor & IV	\$	22.00	- 40	10 Deciduous teeth-extract 4	\$	00.00E
715 Propofol anesthetic	\$	0.0	_ 10	11 Surgical tooth extract, major	\$	110.00
799 'Write In5	Ąi	0.0	- 40	40 Curdical tooth extractInter	\$ \$	80.00
				re oleathorth ovirage -Simple		00.00
Category Name: AVIAN-EXOTIC ANIMAL SERV	ICES		12	198 EXTRACTIONS ARE ADDITIONAL	. 5	
Category Name. Avian Control		_		399 *Write In8	\$	0.00
6000 (PRO.SERVIAVIAN+, 6000-6099)	5	0.0	,0			
6000 (PRU, SERVIAVIAIT, 9888	\$	0.0	00	Name: DEWORMING SERVICES		
6499 'Write In14			Category	Name, DEWORMM		
ormances				total < 15 lbs	3	32.00
Category Name: BOARDING SERVICES			2:	100 Deworming - inject, < 15 lbs	ź.	35,00
	\$	0.0	00 2	101 Deworming - inject. 15-30 los	<u> </u>	40,00
1900 (BOARDING FEES, 1900-1920)	G.	23.	ີ 🗀 🥎	400 Deworming - IDISCL 31-00 108	ς.	45.00
4 DOK Capine boarding 545#	\$ \$	28.	200 2	403 Deworming - Inject. > 60 lbs	ς.	20.00
1000 Capine boarding 20-60#) j	32.	n	105 Deworming - Ofal	ιή. 2	C0.3
1903 Canine boarding 61-90#	\$,00	vioc Deverming - Oral IDUD/KID	o e o e e e e	14.00
1904 Canine boarding >90#	\$,00	2107 Deworming-oral(w/Office Visit)	*	2.00
1905 Medication Fee (1)	\$		·	2199 *Write In11	\$	2.02
1905 Medicarion 1 55 (1) 1906 Diabetic Boarding-daily fee	\$.00			
1906 Diabetic Doarding daily re-	\$	20	.00	ry Name: EXAMINATION SERVICES		
1907 Feline boarding	\$	27	',00 Catego	Ty Name: Examination		
1907 Feline Boarding c med <25#	\$		3.00	95 Miscellaneous Test/Treatments	3	
1909 Carine boarding c med 26-60#	\$	37	7.00	95 Miscellaneous resurre	5	00.0
1910 Canine boarding c med 61-90#		4.	2.00	96 Urine Culture Neg	5	00,00
1910 Carline boarding c med >90#	\$ \$ \$	47	2.00	97 Heartworm Neg	ŗ	\$ 0.00
1912 Canine diabetic bd 61-90#	\$	4	7.00	98 Fecal Float Neg		\$ 35,00
#U42 Cooling dishelic DG 25U#	σ.		2.00	113 Leptospira Annual		\$ 35,00
i 4044 Eeline hoarding With meg.	\$ \$ \$	- a	5.00	44.4 Laptosnira Vacc. 1/1 Of 4		\$ 35.00
i koas Eeline diabetto boarding	φ.	4	4,00	*45 Conforniza Vacc. #2 0) 4		\$ 3B.00
1916 Small Animal boarding		1	2.00	116 Lyme Annual Vaccination		
1917 Bird boarding	\$			117 Lyme Vacc, Series #1		
, and Ferret Boarding	\$		33.00	Lan Luma Mage Series #7		4
1919 Canine diabetic bd <25#	\$		35,00	TOO DADROPV Tri- Annual Vaccinati	on	\$ 33.00
1920 Canine diabetic bd 26-60#	\$		38.00	tas DivabODA British 30 day		\$ 85.00
1920 Feline Boarding Day Boarding	\$		15.00	124 DA2PCPV Puppy Final 1year		\$ 85.00
1 1922 Feline boarding Day Boarding	\$		22.00	125 Canine Influenza Vaccine		\$ 45,00
1922 Canine Boarding-Day Boarding	S		15.00	125 Canine initidenza vascino 128 FVRCP Tri-Annual Vaccination		\$ 33.00
1947 Boarding w/ Fluids		ò	O0,0	128 FVROP HEATING VOCAN		\$ 85.00
1990 • _ nights @\$ per night +tax		5	0.00	129 FVRCP Kitten 30day		\$ 85,00
1991 'nights @ \$ Per night		Б	0.00	130 FVRCP Kitten Final Tyear		\$ 85,00
1993 'Write In9	,	*		4 54 EMPCP Kitten Vacc. 狙う UF 3		\$ 35.00
				132 FeLV Tri- Annual Vaccination		\$ 85.00
Category Name: BREEDING SERVICES				133 FeLV 30day		\$ 85.00
Catcholy			3E 00	134 Fel V 1veat		*
300 Vaginal Smear		\$	35.00	495 FIP Annual Vaccination		•
300 Vaginal Ontoler		\$	65.00	136 FIP Vacc, Series #1 012		\$ 42.00
301 Progesterane Test		\$	56.00	137 FIP Vacc. Series #2 of 2		\$ 42,00
303 Semen Analysis (minor)		\$	45.00	141 Racies Vac., Carline 17		\$ 85.00
303 Semen Arralysis (major)		\$	90.00	142 Rables Vac., Canine 2y:		\$ 33,00
304 Semen Analysis (major)		\$	160.00	MY Manies And Comment		
305 Artificial Insemination (comp)						
						Time: 8.38:17 AM

RODUCT PRODUCT	DEF. P	RICE	in.	PRODUCT DESCRIPTION	(Qt)	. PRIC y = 1)	
	(Qty =	1)	ID 2027	Occaming by Professional	\$		0.00
			2054	Mitahan Dip only + Milabart bottle	\$		1.00
ategory Name: EXAMINATION SERVICES (Cont.)		200	Remove mats (routine)	\$		00,0
Lategory Name: EXAMINATION			200	Remove mats (severe)	\$		5.00
- I to Ver Enline 190	\$	38.00	200	9 *Write In10	\$	(00,0
143 Rabies Vac., Feline 1yr	\$	90.00					
144 Rabies Vac., Feline Kitten	\$	90.00		lame: HOSPITALIZATION SERVIC	ES		
145 DAZPOPV + Rabies 1 year vac.	\$	90.00	Category	tame, noor transmitters			
145 DAZPOPV + Rabies 2 years vac. with	,		_	2 Technician Overnighl Sun. 12pm-	on \$	35	00.00
Exam	\$	90,00	9	2 Technician Overnight Sat. 5 pm or 3 Technician Overnight Sat. 5 pm or	n \$	27	5,00
149 FVRCP, Rabies 1 year, FeLV vac.	\$	105.00	5	3 Technician Overnight Sat. 5 pm or	\$	20	OO.00
4co CVRCP Rables, FeLV Vac.	\$	60,00		4 Technician Overnight Service	. \$		00.0
454 Ferrel Distemper Vaccine	\$	60.00	10	1 Fungal Culture - Negative	\$	16	00.06
ter Ferret Dahies Vaccine	\$ \$ \$	78.00		66 Fresh Frozen Plasma 1 unit	\$		00.0
457 Farrel Rables 1VI, Distemp., Valu	ų.	38.00		00 (FLUID THERAPY, 1600-1619)		2K	95.00
re perdatella Vaccination	φ	48,00	4.0	sa missa Tespetiisinn Cal-IVDB A DI∪	di \$		95.00
too U-rdatalla-without Offiel SSIV.	D.	38.00	. 45	no Biand Transfusion Dog- Single un	111 Φ \$		72.00
And Lump Veccination W/ Other vac.	ð.	38.00	4.5	no ciula Therany IV FIISI DONIE	Ψ.		18.00
co Luma Saries #1 W/ Office vec.	»	38.00	16	OA Finid Therap Addil Bottles	\$		50.00
163 Lyme Series #2 w/ other vac.	\$		ი 16	ns Fluid Therapy-party care	\$		
164 DA2P-CPV Vaccine		40,00	n 16	os Extension Sel	\$		、4,00 45,00
165 FVR-CP Vaccine (mlv)	\$	35.0		007 Jugular Catheter	\$		
166 Leukocell (FeLV) Vaccine	\$	35.0		508 Fluid therapy - burette	\$		25.00
167 FeLV wother Vaccines	\$	30.0	<u> </u>	con euboutaneous Fillids	\$		35,00
169 Rabies Vaccination, Canine 1yr	\$	35,0		610 Fluids-Irrigation 500 ml bottl	\$	•	10.00
170 Rables Canine Wother vaccines	\$	30.0		511 T- connector	\$ \$,	5.00
170 Rables Cariffe World Vaccines	\$	30.0		612 I.V. Adapter cap	\$;	4.00
171 Rables Feline Woulder Vaccine	\$	50.0		612 LV. Adapter buy	\$	è	4.00
173 DAZPCPV + RV1 vaccine	\$	50.0	DO 1	613 Catheter cap	5	Ď	22,00
174 DA2PCPV + RV2 vaccine	Š	58.0	00 1	614 Burette		\$	65,00
175 FVR-OP + RV1	Š	58.9		615 IV calineter placement	:	\$	126,00
176 FVR-CP + RV2	\$	35.	00 * 1	615 IV catheter placement	ent :	\$ \$ \$ \$	65.00
Loo Outono Machine	5 5 5 5	12.		616 Central Ven Press, measureme	unit	\$	285,00
191 Corona vaccine with other vac.	\$	45.	.00 ′	618 Blood Transfusion Dog-double	301	\$	00,0
too Bables Vaccine Tyr canine	Ŷ.	45	00	1620 (DAILY CARE FEES, 1620-16	1507	\$	45.00
103 Canine Rabies 2 years	\$		nn l	1621 Day Patient Care		\$ \$ \$	60.00
104 Feline Rables 1 year	4		· _	z coo Cate Hospitalization		\$	62.00
195 Feline Rabies 2 years	\$ \$			acon Dogs < 21 lbs Hospitalization		\$	65.00
tog *Write In0	d.		.00	1624 Dogs 21-50 lbs Hospitalization	ŀ	\$ \$	70.00
i apan Proheart 1-10#	a)		3.00	1625 Dogs > 51 lbs Hospitalization		ъ \$	60.00
2024 Prohead 10.1- 20#	D)		5.00	1626 Ferret Hospitalization			45.00
2233 Proheart 30.1 - 40#	644444444		00,C	1624 Dogs 21-50 lbs Hospitalization 1625 Dogs > 51 lbs Hospitalization 1626 Ferret Hospitalization 1627 Bird or Lab Animal Hospit. 1628 Catheter placement-IV 1629 <day 1629-10<="" care-reserved="" td=""><td></td><td>\$</td><td>50.00</td></day>		\$	50.00
3234 proheat 40.1-50 #	Þ		J,00 2.00	1628 Calheter placement-IV		\$	00.00
3258 Proheat 60.1-70#	\$6		00.8	1629 < Day Care-Reserved 1629-10	639>	\$ •	150.00
3259 Proheart 70.1 -80#	\$			LOCO L-LenchID COTO		\$	
3260 Proheat 80.1-90#	\$		1.00	1640 (HOSPITAL INJECT., 1640-	1659)	\$	0.00
3260 Proheart 90.1-100#			0.00	1659 Additional Injections		\$	12.0
3315 Proheat 100.1-150#	\$		5.00	1699 *Write In7		\$	0.0
3450 Proheart > 150#	\$	11	00,00				
				ory Name: INVENTORY-INHOUSI	E-EXPEND)ABLE	\$
CROOMING-BATHING SER	VICES		Categ	Jory Marita, in value and			
Calegory Name: GROOMING-BATHING SER				4300 (INVENTORY, 4300-4999)		\$	0,0
	\$		38.00	4300 (INVENTOR 1, 4300 1000)		\$	0,0
2000 Bath Medicated 20 lbs or less	\$		40.00	4301 (FLUIDS, 4301-4399)		\$	В.С
2000 Bath Medicated 21 to 50 lbs	\$		42.00	4325 Collar 10" and 12"		5	10.0
acco Dath Medicated Di to bu ius	\$	i	46.00	4326 Collar 15" through 30"	ad)	\$	7.0
2003 Bath Medicated 81 tos of more	\$		35.00	4327 Ringers Lactated 1000ml (b)	~a1	\$	42.0
onna Rath-Cosmelic	\$		24.00	ARCH DAP Collar Small		\$	48.
ooos Bath, boarding	Ş		25.00	Joon OAD Coller Medal C.	//OOK\$ //	\$	0.
) none Ear Cleaning & Nails		₽ Б	35.00	LOD MANAGER SUP., 4400	-00 4640/ 0 -44 99)	\$	0.
MENT :	i i	₽ \$	44.00	AEDO THOSPIGEN MED SUPLAS	JUU-4048)	\$ \$	24.
L soot that Madicated Februs	į	\$	45.00	4517 Syringe-insulin U4U bux			24.
2007 Bath Medicated February 2001 Bath - medicated more than 80#)	60.00	4548 Bulterfly 21ga		\$	0
2007 Bath Medicated February 2011 Bath - medicated more than 80#	•	er e				\$	
2007 Bath Medicated February 2011 Bath - medicated more than 80# 2012 Bath-iyen sulfer		\$ \$		4519 Syringe tuberculin			
2007 Bath Medicated February 2011 Bath - medicated more than 80# 2012 Bath-lyme sulfer 2013 Bath-Dermazole shampoo		5	70.00	4519 Syringe tuberculin 4520 Syringe 6-12cc		\$	1.
2007 Bath Medicated February 2011 Bath - medicated more than 80# 2012 Bath-lyme sulfer 2013 Bath-Dermazole shampoo 2023 Groom- shave all hair per hour		5 \$	70.00 40.00	4519 Syringe tuberculin 4520 Syringe 6-12cc			1.
2007 Bath Medicated February 2011 Bath - medicated more than 80# 2012 Bath-iyen sulfer		5	70.00	4519 Syringe tuberculin		\$	

				IOT PRODUCT	DEF. P	RICE
	opuot	DEF. PI	RICE PRODU	JCT PRODUCT DESCRIPTION 436 (HEMATOLOGY, 436-460)	(Qty =	1)
RODUCT	PRODUCT	(Qty =	() ID	DESCRIPTION 426 460)	\$	00.0
D	DESCRIPTION	100.1		436 (HEMATOLOGY, 430-400)		122.00
<u> </u>		ADIES IC	`onl.	437 Ehlichia canis mer	\$	95.00
	me: INVENTORY-INHOUSE-EXPEND	ABEES ()O110.	438 Buffy Coal 439 CBC (complete blood count) 440 Eosinophil Count 441 PCV (hemalocrit) 442 PCV Serial 443 Iron Profile 444 Platelet Count	\$	60.00
Category No	11116; 1117 = 11		n 75	439 CBC (complete blood count)		30.00
	Syringes 3cc 22g or 20g	r	0.75	440 Eosinophil Count	\$	23.00
4522	Synnges 550 rzg or zzs	\$	6.00	441 PCV (hemalocrit)	\$	
4555	Pill Gun Necdles box 18g x 1" -100 Necdles 18g x 1" Necdle 20ga x 1"	\$	18.00	440 PCV Serial	\$	16.00
4557	Needles box 169 x 1 1100	\$	0.30	442 FOV OSTIG	\$	80,00
4558	Needles 189 x 1"	\$	0.25	443 ROB Florie	\$	36.00
4559	Neodie 20ga x 1"	\$	4.00	444 Platelet Count 445 Preanesthatic Blood Screen	\$	37.00
			0.00	445 Preanesthatic blood screen	\$	47.00
4092	(LABORATORY SUP., 4650-4799)	\$	0.00		\$	164.00
		\$		AAZ Man Willehrand's Tiler	\$	92,00
4800	(RADIOLOGY SUP., 4900-4999)	\$	0.00	449 Hyperthyroid check (1135)		
4900	(RADIOLOGI SOLI, 1992	\$	0.00	A Destain (Creatine 1810 (303)	\$	95.00
4999	Write-Off Services			450 Tritrichomonas PCR (inc. shipping)	\$	93,00
				450 Millionomas Ort (mar and) or	\$	170.00
a -tamory h	lame: LABORATORY SERVICES			451 PCR GI Profile - Feline	\$	68.00
Category	VELICIO		10.00	452 I-Stat EC8 blood chemistry	Ť	180.00
	. at alrelard	\$	40.00	453 Wiedom Panel	¢.	55.00
39	1 Cholesterol	\$	132.00	and Disconsino Fee	\$	
39	2 Aldosterone Level	\$	72.00	457 Immunophenotypic Staining VDX	\$	240,00
39	3 ACTH Response-Feline	Š	130.00	Diagnostic		
	is AATU Wacnanse, Fulling	\$	80.00	458 Zonisamide Level- Antech	\$	191,00
			113.00	458 Zonisamide Lever Alicon	\$	196,00
	Distance (Id(4 Id(V)) All (BO) 1000	\$ \$ \$	140.00	459 PCR GI Profile - Canine	\$	72.00
38	36 Leplo PCR Blood & Urine T978	Þ		460 PLI test-idexx Feline test 2493	5	0.00
39	36 Lepio PCR Usino T976	\$	95.00	ACK (MICROBIOLOGY, 401~412)		88.00
3!	97 Lepto PCR Urine T976	\$	95.00	And Authora 8, Sans «Aerodio	\$	
	- ~ ·	\$	196.00	463 Culture & Sensbacterial (Urine)	\$	00.85
વ	gg. Culture & Sens Combo Aerobic a	•		464 Culture-fungus in house	\$	55.00
			0.00	464 Culture-lungus in house	\$	156.00
	Anaeropic 100 (BLOOD CHEMISTRY, 400-435)	\$	40,00	465 TLI Canina Antech T230	\$	135.00
24	101 Alkaline Phosphatase	\$		466 TLI/B12/Folate Antech SA 160	Ψ	
r.	IOT Againe Hospital	\$	40.00	(Canine)	Ş.	115,00
L	102 Amylase	\$	43.00	407 Cultura angerobic		132.00
4	403 Billirubin (direct)	\$	43.00	468 Culuture-Salmonella/Campyl.	\$	
	ro (miliochin (total)	\$	80.00	ann Callara Blood	\$	132.00
	ans Till Feline Antech Silboob	· ·	17.00	470 Culture-fungus swab (ANTECH)	\$	61.00
	406 BUN (azo-stix)	\$	45,00	470 Culture-lungus and 5 (181)	\$	122.50
'	407 Calcium	φ Φ	43.00	471 Cortisol/creat ratio (361)	\$	103,00
	408 accu Plex 4	\$ \$		472 Free T4	\$	90.00
	408 8500 Floor	\$	106,00	and marriage tests Comell V		145.00
Į.	409 Cholinesterase	\$ \$	50.00	474 TLI B12 Folate Texas Feline		106.00
1	410 Creatinine	\$	86.00	475 Lyme C6 test		
ì	411 Fruciosamine test -diabetics	Š.	40.00	D. (D. A-rdiae 981	\$	115.00
\	A42 Glucose (sugar)	\$	92.00	476 BNP Cardiac Test 477 TLI/B12/Folate Antech SA275 (Fel	ine) \$	127.00
	A43 Calcium-ionized	\$ \$	47.00	477 TLIBIZIPOLATE ARTEST OF LES	, \$	43,00
1	/nancroas)		184.00	478 Triglyceride	\$	122.00
	414 Lipase (pariolecs) 415 Calcium-ionized & PTH(S16595)	\$		and College facal Sal Call D. Oling, 16	\$	
i	410 Valuations		43.00	ARD (PARASITOLOGY, 400-455)		
ļ	416 Phosphorus	\$	40.00	481 Far Mite SWap	\$	
	417 Polassium	\$	75,00	400 Eccal Evamination	\$	
i	418 CBC, Miniscreen (910)	\$	143.00	483 Fecal antech laboratory 'T805'	\$	
į	AMB CBC SMA, UA	\$	103.00		\$	
1	ann sMA Profile (major)	5	121.00	484 Giardia Elisa 485 Heartworm Microfilaria Knotts Tes	i T390 \$	s 57.0
Į	TO A CEC SMA Profile			485 Heartworm Micromana (Charles)	9	\$ 43,0
	422 Miniscreen blood test (911)	\$				\$ 52.0
	4ZZ Williadicon Side	3		487 Fecal-float and glardia elisa (lest	י נטטו	\$ 35.
1	423 Total Protein	\$	58,00	488 Skin Scraping		
1	424 BUN/Creatinine	9		489 Hemobartonella		
1	425 PTH			490 Ear cytology slide		\$ 35.
	426 Sodium and Potassium		81,00	490 Ear Cytology ones		\$ 45.
	427 Bile Acids-pre		,	491 Albumin		\$ 79.
			*	492 Heartworm test – feline		\$ 71.
	428 Bile Acids pre-poor 429 Glucose-serial exam (ANTECH)		\$ 118.00	toe Escal-Occult Blood		\$ 81
	429 Glucuse-serial oxami (m		\$ 18.00	494 Ricosy-margin evaluation		•
	430 Glucose-serial in house		\$ 143.00			· · · · · · · · · · · · · · · · · · ·
	424 1 aad level-blood		\$ 132.00	495 Fecal Pathogen (Antech caode I	SA350)	\$ 212
	432 Clostridium enterotoxin		3 90.00	480 Lendy Discol		\$ 38
	\os_Dimet		\$ 122.00	497 Fecal Direct 498 Fecal Baerman		\$ 122
			- 166,00	AND Floral Habitian		
	434 Pro BNP Test		7	490 Lengt Basillian		
:	434 Pro BNP Test 435 PTH: RP		\$ 191.00	430 LEOU DO 2111-1-1		

d Island Animal Hospital		1 1,75	•					
	ncc	PRICE	PRODU	JCT PR	DDUCT		F. PRIC y = 1)	E
RODUCT PRODUCT	ner.	41	ID	DE:	SCRIPTION	<u>}</u>	196.	<u>00</u>
DESCRIPTION	Cuty	= 1)	_ :=	556 Thy	roid=FT4,T4,TSH,AutoAntibody	Φ	100.	
				421	.ፈቦብ)	•	45.	on
AROBATORY SERVICES (Cont.)				EE7 Blo	nd Callecting Fee	\$	122	
tegory Name: LABORATORY SERVICES (Cont.)				CCD On	intococcus titel	\$	111	
499 Histopathology Lymphoma Profile VDX	\$	350,0				\$.00.
499 Histopathology Lympholia 1	\$	0.0		EED T4	-Post post medication (4-6 hours)	\$	Ju	.00
	\$	240.	00		Ф .		סטר	00.0
mod Bone Marrow Examinition Control	\$	81.		CO1 GA	96 VN Rabies Antibody Titer KSU v	vlo \$	200	1,00
con Oldology and aspliate	\$ \$	164,		1.	<u></u>		40.	100
Fill analysis & Cylulogi	\$	191.	ΩD	Een Lu	PMSF liter-Antech381	\$		1,00
end child analysis and conscion	\$	113.	.00			\$		2.00
ti-t-pothology (UIVPSY)	\$	175	.00,	-n/11	anticatory mypsilis lest 1447	\$		00.8
506 Histopathology (skin-biopsy) 506 Histopathology (skin-biopsy)	\$	52	.00.	20C T		\$		0.00
506 Histopathology (skill-slopy) 507 Histopathology- Biopsy extra sections		165	.00,	D	intermet/Parvo III. 1000	\$		00.8
	\$	350	.00,(200 7	hyroid Proffle T4,fT4 SA370	\$,	22.00
	\$	350	00,0	567	ortisol level	3	•	00.85
	\$	350	00,0		Lim somic titor	5		22.00
E44 Necronsy Service of its	\$		2,00	569 E	TO VICO LOGY 570-579)	,	\$	0.00
512 B.12 (Anteon 656)	\$		2.00	570 (TOXICOLOGY, 570-579) Digoxin Assay	:	\$ ¹	62.00
	¢.		2,00	0(1	n Larbital level		Ψ	94.00
	\$ \$		0.00	572	Phenobarbital level 312/Folate Assay (Antech S1619	95)	Ψ	87.00
	\$	-	5.00	573 1	B12/Folate Assay (Vincert	•		79,00
TO A DOD FOR EIGH AIREON 1995	φ		31.00	574	Helicobacter test		~	57.00
516 POR for Higher margin eval. 517 Biopsy-surgical margin eval.	ф. ф		35,00	575	FIP Elisa (7B) proleins		\$	21.00
- in Thursdichillin Auto Altibody)D) Þ	. 40	00.00	576	Urinalysis-specific gravity		\$	35.00
			95, 0 0	577	Cylology-ear		\$	75.00
ESO MOST CON MARKET SHU DIOPOS V """"	\$		40.00	578	Blood type		\$	00.08
521 Acetylcholine receptor test	\$	γ -	85.00	579	Blood crossmatch		\$	0.00
522 ACTH response test		4	43.00	580	(UROLOGY, 580-597)		\$	43.00
522 ACTH response test	,	Ψ .	58.00	ED4	Linguis (COMDIDIC)		\$ \$ \$ \$ \$	10.00
		Ψ		ここ こうりつ	i Irinalysis (Ketoolasuk)		\$	20.00
523 Conrosyn (per d. Compression test			62.00	583	Urinalysis (mutti stix)		\$	66.00
524 Dexametriasono office		¥	75.00		CID Hear		\$ -	110.00
525 Allergy Testing-IgE		Ψ	106.00	E 0.3	Right type and crossmature		\$	21.00
526 Coombs test		\$	85.00	58	S Urine Specific Gravity		\$	83,00
527 Brucellosis Titer 528 PCR Flea/Tick Borne Assay - Can 528 PCR Flea/Tick Borne Assay - Felir	ne	¥	180.00	58	7 Stone analysis		\$	42.00
528 PCR Flea /Tick Borne Assay - Felir 529 PCR Flea /Tick Borne Assay - Felir	1e	Ψ.	180.00	58	8 PT		Š	40.00
529 PCR Fleather patibody test		\$	95.00	58	9 PTT		\$	89.00
530 ANA-antinuclear antibody test		\$	38.00		T 10 TT	D201	\$	90,00
531 Cytology (in house)		\$	175.00	C.C	A CCT/Creatinine Ratio (Code 1	820)	\$	110.00
532 FIV-Western Blot Test		\$	57,00	r, c	32 Fibrinogen and D-dimer		\$	25.00
533 Feline Leukemia (Elisa)		\$	101.00				\$	166.00
534 Feline Leukemia (FA) Test		\$	46.00	E-	ov pr prr Plate , hibin, u-uilliei	-	\$ \$	83,00
535 FIV Test		\$	65.00				\$	79.0
to civ/Fet V Test		\$	148.00)	ď.	117.0
		\$	110.00		'07 Thurnid 1881-1186 (7 P) -'-'') -		\$	143.0
The Development District Carry 19 and		\$	110,00		598 Potassium Bromide Level		ъ \$	0.0
1		\$	275.00					55.0
540 Adrenal Profile Test-Tennesside		\$	101.00		LE DIT Opping/Faling Stight indi		\$	220.0
' saa Danavirus Antioen		\$	148.00				\$	220.0 85.0
Protein Electrophoresis		\$	59.00	,	624 Flow Cylometry 55 65 hrs F 631 ACTH Resp. 4 hrs & 5 hrs F	ost	\$	00.0
' — to Dhoumalaid E80101		\$	145.00				_	4.40
EAA Fecal alpha] protease introduct		\$	43,00		631 ACTH Resp. 4 hrs & 5 hrs i	Post	\$	143.
545 CPK serology #U14		\$	85,00	*				
546 i yme lgG		\$ \$	80,00		Trilostane 678 Fungal Histoplasmosis Ag-I	Jrine	\$	262.
		Ф \$	154.00		985 Trichomonas Fecal PCR to	Texas	\$	125
- vo mist carl SABBULT MOULEVE	บร	φ	404.00		985 Inchomonas recar, 377			
549 PCR Hemoplasma Panel Feline		\$	154.00	ı	TITLE TITLE DISP	ENSED	-OTC	
550 Zinc Test		\$	55.00 55.00	Catego	ry Name: MEDICATIONS DISP			
551 T4		\$	63,00				\$	4
		\$	175.00		91 Reporting Fee		\$	80
552 T3 553 Thyroid profile-TSH,FT4,T4 Te:	st.	5	110,00	-	2200 Aerokal		\$	15
16 0.3B(I)		_	223.00	n	2201 Albon tabs 250mg		\$	
TEAL LINES MEDIANTI BIOLIESI		\$	57.00		2002 Alban Liquid/0Z		\$	
555 Rocky Mountain Spotted Fever		Ş	71.U	5	2203 Albon Tabs 125mg		•	
: DDD LOOK) Modurant - L								
1								0.00

		5	בומר	DDO	DUCT	TOLLAGG	DEF. F	RICE
PSODUC.	PROBOGI				DUCI	PRODUCT DESCRIPTION	(Qty =	
10	DESCRIPTION	(Qty =	1)	ID		Primor 120	5,	15.00
					2207	Trimethoprim Sulfa Tabs 120mg	\$	15.00
ONINGOEV	Name: MEDICATIONS DISPENSED-OTC ((Cont.)			2200	Trimethoprim Sulfa Tabs 480mg	5	15.00
					2268	Enrofloxacin 5	\$	15.00
220		\$	15.00		2230	Baytril 22.7mg	\$	15.00
200	se Amovi, Firons 5(ima/m) 30ml	\$	18,00		2221	Baytril 68 mg	\$	15.00
22(Aluminum Hydroxide Powder Zudram	\$	15.00		2203	Delete in January	\$	125,00
726	nz Ammonii 500mg 1000ci	\$	90.00		2207	Enalapril 2.5 mg	\$	15.00
22(ng Amovicillin Tabs 100mg	\$ \$ \$	15.00		2205	Enalapril 5 mg	\$	15,00
200	29 Amoxicillin Tabs 150mg	\$	15.00		2200	Enalapril 10mg	\$	15,00
22	- 4	\$	15.00		2230	Orbax 22.7	\$	15.00
717	11 Amoxicillin Tabs 400mg	\$	15.00		2201	Orbax 68mg	\$	15.00
20	12 Ampicillin Caps 250mg	\$ 55 55 55 55 55 55 55 55 55 55 55 55 55	50.00		2200	Enalapril 20mg	\$ \$	15 00
22	13 Ampicillin Caps 500mg	\$	60.00		2200	Zeniquin 25 mg	\$	15.00
22	14 Allerderm Spot On	\$	39.00		2300	Zeniquin 50 mg	\$	15.00
22	19 Clindamycin Tablet 25mg	\$	15.00		2301	Zeniquin 100 mg	\$	15.00
22	20 Antirobe Caps 75mg	\$	15.00		2202	Zanimuin 200 mg	\$	15.70
22	21 Anlirobe 150mg	\$	15.00		2004	Aminophylline Tabs 100mg	\$	15,00
25	22 Clindamycin 150mg	\$	15.00		233	2 Cardoxin .15mg/ml (red)	\$	18.00
24	23 Clindamycin Drops	\$	12.00		2307	a Cardoxin L/S .05ma/ml (arn)	5 4 4 4 5 5	00.81
20	224 Cefa Tabs 50mg	\$	15.0		∠J0.	3 Cardoxin L/S .05mg/ml (grn) 4 Tussigon Tablets 5 mg	\$	19.00
24	225 Cefa Tabs 100mg	\$	15.0		230 1115	5 Hydrocodone Syrup /oz	\$	15.00
4	226 Cela Tabs 200mg	****	15.0		200 200	6 Sulfasalazine	\$	9.00
24	227 Cefadrops 15ml	\$	14.0			7 Adequan	\$	118.00
7	228 Cerumite		12.0		235	8 Minazapine 15mg	\$	15,00
24	ാവ വിപ്പിട്ടുണ്ടുണ്ട് 75MB	\$	12.0		235	9 Lasix Tabs 12.5mg	\$	15.00
2.	230 Chloramphenicol Palmatate100mg/ml	\$	18.0	U	230	O Lasix Tabs 50mg	\$ \$	15.00
	ner 07				73E	1 Hypoimmune serum	\$	150,00
. 2	23.1 Chinramphenicol Tabs 50mg	\$	15.0		200	32 Hydroxyurea 500mg Capsules	\$ 5	15,00
1 1	222 Chioramphenicol Tabs 100mg	\$	15.0		200	33 Mirtazapine 7.5mg	\$	13,00
! -	223 Chloramphenicol Tabs 250mg	\$	15.0		236	54 Lasix 40mg	\$	15.00
1 2	234 Chloramphenicol Tabs 500mg	\$	12.0		230	55 Lasix 20mg	4) 4) 4)	15.00
1 2	235 Chloramphenicol 1abs 1 gm	\$	15.0		24	DO Trifexis 5 -10#	\$	112.00
1 5	236 Clavamox Tabs 62.5mg	\$ \$	15.		24	01 Trifexis 10.1-20#	W W W W	115,00
1 2	237 Clavamox Tabs 125mg	\$	15.		24	02 Trifexis 20.1- 40#	()	120,00
1 9	2238 Clavamox Tabs 250mg		15.		24	n3 Trifexis 40.1-60 #	\$	122,00
1 3	2239 Clavamox Tabs 375mg	\$ -	14. 28.		24	04 Trifexis 60.1-120 #	ć.	125.00
	2240 Clavamox Drops	\$			24	05 Arquel tablets 20 mg	\$	7.00
	2241 Cefadrops 50 ml	\$	30.	,00 ,00	2/	ins Bana-Rac	\$	13.00
	2242 Sientral 20ml	\$,00,	26	IOR Frontline Plus dog 23 to 44#	Į.	54.00
	2243 Cerenia 24 mg 4 tableVpK	\$.00	77	MA Frantling Plus Cals	\$	51.00
į	2244 Cerenia 60 mg 4 tableVpK	o		.00	2	413 Frontline Plus does UD to 22#	\$	53,00
l .	2245 Cerenia 160 mg 4 tablet/pk	\$ \$ \$.00.	7	444 Frontline Plus dogs 45-88#	\$	55,00
	2246 Sientral 50ml	Ď.		5,00	7	445 Erontline Plus doos 89-132#	\$	55,00
į	2247 Cerenia 16mg 4 tablet pkg	\$ \$),00	2	447 Nev Gord 10.1 - 24# 3 month	\$	62.00 63.00
	2253 <open>0</open>	\$		5.QD	2	418 Nov Gard 24.1-60 # 3 month	D D	64.00
	acre Verstey 25mg/ml 15ml			5.00	ク	419 Ney Gard 60.1 - 121 # 3 month	\$ \$	15.00
	2260 Veranov Zongimi Formion 50mg/ml p	ωi Ψ	,,	- 1 102	2	452 Acepromazine Tabs 10mg	» \$	15.00
1	07.	\$	19	5.00	2	453 Acepromazine Tabs 25mg	\$	15,00
i.	2264 Metronidazole 250mg	\$		5.00	-	ASA Filaribits 60 mg	\$ \$	15.00
•	2265 Metronidazole 500mg	\$		5.00	2	2455 Filaribits 120 mg 100 tablets	» 5	19.00
	2266 Lysodren	\$ \$		5.00	,	MS6 Filaribits 180 mg	ո \$	15.00
	2268 Metronidazole 62.5 mg tablet			2.00	•	2461 Chlomheniramine 1805 4mg	ψ \$	19.00
	2274 Cephalexin oral suspension 250/5ml	Dil. Ψ		5.00		2481 Phenobarbital Tabs 1/49f	5	19.00
	2276 Cephalexin 500mg	\$		5.00		2482 Phenobarbital Tabs 1/2gr	5	19.00
:	2277 Cephalexin CAPSULES 250mg	\$		5.00		2483 Phenobarbital 1gr	\$	5.00
	2278 Telracycline Caps 250mg	\$		5,00		2484 Phenylbutazone Tabs 100mg	\$	40.00
	2279 Tetracycline Caps 500mg	\$		5.00		2485 Potassium Bromide 10oz.	ž.	15.00
	2280 Primor 240	\$		5.00		2486 Zonisamide 25mg	5	
1	2281 Primor 600	\$		15,00		2487 Zonisamide 100mg	\$	
	2282 Primor 1200 2283 Tribrissen Oral Susp. 48mg/ml	3,		12.00		2488 Gentle Leader Kit	÷ 5	
;	2283 Inbresen Old Susp. 45mg/m 2284 Tribrissen Tabs 30mg	\$		12.00		2489 NoSerb	ć	
	2285 Tribrissen Tabs 30mg	\$		12.00		2490 Glucolest Purina Feline 1pkg	•	
	SNOO HIDHEREH LEGG FEGINS							

	OT PRODUCT DESCRIPTION		PRICE	10	JUI PR Ba	SCRIPTION	<u>{Q</u>	ty = 1)	
	DESCRIPTION	(Oty	= 1]	<u> </u>	2600 14	alaket Wipes 50ct Inclog Ointment 15ml Inalog Ointment 30 ml Inalog Ointment 30 ml Inpirocin Oint. 2% 22g Inpirocin Oint. 2% 22g Inpirocin Oint Dexasport Inpirocin Oint Dexasport Inpirocin Oint Dexasport Inpirocin Oint Oint Ointon Inpirocin Oint Ointon Inpirocin Ointon Inpirocin Oint	\$		5.00
)	DESSION TO				ACOU IVE	nolog Ointment 15ml	\$		14.00
	TOTO DISPENSED-OTO	(Cont.	.)	7	2601 Pa	Holog Olitanost 30 ml	\$	2	24.00
tegory	/ Name: MEDICATIONS DISPENSED-OTC	,			2602 Pa	inalog Oliminati 30 mi	\$	7	20,00
			9,00		2603 Mi	upirocin Oint. 276 229	\$	-	21.00
2.	491 Valium Tabs 492 Oxyglobin 125 ml 493 Sucralfate tablets 494 Genesis Spray 496 Syringe filled with medication	φ \$	210.00		2604 No	30-Poly-Dex drops	\$	-	24.00
7.	402 Ovvalabin 125 ml	Þ	15.00	•	2605 N	eo-Poly-Dex Oint Dexasporin	Đ.		24.00
4	402 Cucrelfale tablets	\$			2606 D	examethasone ophthalmic drops	\$		
2	493 Sucranate tasters	\$	31.00		2607 N	examination control of the composition of the compo	\$		25.00
2	494 Genesis Opiay	\$	8.00		2001 N	roanderm Solution 15ml	\$		29.00
2	496 Syringe tilled Will Medicalion	5	15,00		2010 11	esausim columnias	\$	2	220.00
2	497 DMSO	\$	24.00		2700 P	elcount. A still sylinges	5		12.00
		\$ \$	20,00		2701 P	ellitol	\$		15,00
-	1499 Potassium Didnika 254499 Glycoflex 250 tablets 1500 Oral Cleansing Gel 12501 Timentin antibiotic—bottle	Φ	15,00		2702 D	oxepin 10mg	· \$		15.00
	Scor Oral Cleansing Ge	\$			2703 D	oxepin 25mg	a)		
2	200 Otal Oscarionio	\$	32.00		2704 5	Novemin 50 mg	\$		15.00
- 2	2501 Timerian arabboto 2000	\$	24,00	l	2/04 5	Sevenin 75mg	\$	1	15.00
	2502 Metacam	\$	33,00)	2/05 1	JOXEDII 1 Jung	S:	ś	4.50
,	2503 Enisyl-F 100mi Pump	\$	23.00		2707 E	Suprenex syringe	ď.		105,00
	2504 Morphine CRI/day	φ.	23.00		2708	ellitol boxepin 10mg boxepin 25mg boxepin 50 mg boxepin 75mg boxepin 75mg boxepin 75mg boxirobe application Prazosin 1mg capsule boxirobe application	\$	Ł	15.00
	2505 Butorphanol CRI	\$			2709 1	Prazosin 1mg capsule	3	,	
•	2000 Dunies 10mm	\$	37.00		2750 I	Milahan dip botttle	\$	p	42.00
	2506 Atopica 10mg	\$	41.00				5	\$	8.00
	2502 Metacam 2503 Enisyl-F 100mi Pump 2504 Morphine CRI/day 2505 Bulorphanol CRI 2506 Atopica 10mg 2507 Atopica 25mg 2508 Atopica 50mg 2509 Atopica 100mg	\$	64.00	Ö	2/01	Injection-Doxycycline 100 mg vial	ç	\$	14.00
	2508 Atopica 50mg	\$	105.0	0	2752	Injection-Duxyoyoline 100 mg Har		\$	30,00
	2508 Atopica 50mg 2509 Atopica 100mg 2510 Suspension, Chicken Flavored 1oz 2511 Onsior 6mg packet/3 tablets 2512 Atopica for Cats 5 ml vial 2513 Miriazapine 7.5mg/ml 5ML 2515 Apoquel 3.6mg 2516 Apoquel 5.4 mg 2517 Apoquel 16 mg 2555 Bitter Apple 8 oz. 2557 Tylan	φ.	7.0		2753	Cefotixin Bottle		\$	30,00
	2510 Suspension, Chicken Flavored 102	55555	15.0		2754	Ampicillin w/Sulbactam 1.5g wyle) Tulij		15.00
	2510 Gaplar Sma packet/3 tablets	\$			2700	Simplical 200		\$	15.00
	2511 Ottsion Sing parameter Vial	\$	45.0					\$	
	2512 Atopica tol Gate of the SMI	\$	18.0)0	2000	Artificial Tears Opht Soln		\$	15.00
	2513 Minazapine / Smg/min SMC	\$	15.0	00	2801	Artificial Tears observed		\$	15.00
	2515 Apoquel 3.6mg	ě	15.0	ac	2802	Artificial Tears ointment Alropine Opth Ointment 1%		\$	32.00
	2516 Anoquel 5.4 mg	\$	15.0	าก	2805	Atropine Opth Ointment 176		\$	36.00
	ocate Apparual 16 mg	Ф	100	ψΨ PO	2806	Artipline Opth Ointment 1% Positiacosis serum liter Chloramphen Opht 1% 3.5mg Chloramphen Opht Soln 0.5% Metoclopramide Bur-Otic Bur-Otic HC Gentocin (only) Opht Soln Gentocin Opht Ointment Gentocin Opht Ointment Gentocin Otic Soln 7.5ml Gentocin Otic and DMSO Solomax		•	13.00
	2017 Whodael In the	\$	10.0	UU .	2807	Chloramphen Opht 1% 3.5mg		\$	
	2555 Biller Apple 5 02.	\$	105.	00	2007	Chloremphen Opht Soin 0.5%		*****	15.00
	2557 Tylan	5	15.	00	2500	Chio ampitan opin		·\$	15,00
	2558 Cyproheptadine 4mg.	Ψ,	15.	.00	2809	Metoclobiatings		\$	9.00
	2559 Hydroxyzine 10 mg.	Ψ.	15.	nn.	2810) Bur-Olic		ď,	10.00
	asso. Hudroxyzina 25 mg.	a a	15.	ממ	2811	1 Bur-Otic HC		æ.	14.00
	2000 Hydroxyzine 50 mg	\$	10.	.00	2B1	3 Gentocin (only) Opht Soln		4	
	729.1 Watoxyzine oga.	\$	15	.00	201	& Control Durafilm Opht Soln		Þ	9.00
	2562 Lomotii	\$	15	.00.	`Z01	Centroin Ont Cintment		\$	14.00
	2563 Medizine 25 mg	9	27	.00	281	5 Gentoon Ophi Cala 7 Sml		\$	14.00
	2564 Tylan .25 bottle	4	12	2,00	281	6 Gentocin Otic Soin 7.5711		\$	18.00
	assa Cyprohepladine Syruplounce		, 12	00,6	281	7 Gentocin Otic and DMSO		\$	18.00
	acco Longramide 2m0		b 2	7,00	281	8 Otomax			15.00
ļ	2009 Cobernings 5009	:	\$ 90	0.00	20,	19 Gentocin Otic 15 ml		\$	
l	2572 Produit		\$ 15	5,00	20	20 Mometamax		\$	34.00
!	2573 Torbutto only		\$ 15	5.00	28,	CO Monteration		\$	36.00
!	2515 Apoquel 3.6mg 2516 Apoquel 5.4 mg 2517 Apoquel 16 mg 2555 Bitter Apple 8 cz. 2557 Tylan 2558 Cyproheptadine 4mg. 2559 Hydroxyzine 10 mg. 2560 Hydroxyzine 25 mg. 2561 Hydroxyzine 50 mg. 2562 Lomotll 2563 Meclizine 25 mg. 2564 Tylan .25 bottle 2568 Cyproheptadine Syrup/ounce 2569 Loperamide 2mg 2572 Procrit 2573 Torbutrol 5mg 2575 Hydroxyzine 100mg 2576 Goodwinol Ointment 1oz 2578 Clincare Liquid case 12 2579 Clinicare Liquid Can		s 1	5,00	28:	21 EasOtic 10 MI		\$	31.0
i	2576 Goodwinal Ointment 1oz		E E	5.00	28	22 Surolan 15ml		5	5.0
i	2578 Clincare Liquid case 12		φ J	8.00				\$	21.0
1	2579 Clinicare Liquid Can		P	0,00	- 00	or Digiotoper Solution 4-200			18.0
1	2579 Clinicala Education 2579 Clinicala Educat			0.00	20	28 Vetropolycin Opht Ointment 3.5	9	\$	
1	2580 Elquichioi Chianette Torric			5.00	2.0	358 Adams Flea Dip 40Z		.\$	13.0
1	2581 Lactulose syrup - /4 ounces		\$	8.00	26	DO Adams I led Dip 1700		\$	9.0
1	2582 Mitox Liquid 12ml		T	15,00	28	362 Adams Flea Off Dust II 3oz		\$	14.0
1	oses Dihenzyline 2,5Mg	,	~	18.00	/ ⊃(ace Adams Flea (31 MISL 1994		\$	0.03
	acak Lactulose syrup-bottle	•	~		21	acz Ciomicalm 20 ma battle ou ut		-	44.0
1	2585 Diltiazem transdermal/syringe		\$	7.00	2	age Clomicalm 5mg bottle 30 ot		\$	
1	NODO Dilitatelli nationalimano)			33,00	and the	aco Clomicalm 80m0 DOM6 Joor		\$	76.0
Ì	2586 Nolvadent 4oz.		\$	15.00	2	870 Prednisolone Acetate Drops		\$	24.
i	2587 Dibenzaline 5mg capsules		\$ \$	13.00	2	8/U Predhisolotie Acetata Etapa		\$	4.
1	ocon T8 Kein Flush		\$	12.00	2	901 Domeboros solution		5	12.
١	2501 Chlorhexiderm Olic Soin 402		•		-	one DuraKvi Dip 4oz		\$	44.
ļ	2592 MalAcetic Otic 8 fl oz.		\$	21.00	-	ogsa Michnazole Shampoo			
!	NOAN IMPLOSIO CHOO IL OE		\$	18,00	•	DOZA Cactrol Two-Way 1188 10am		\$	
	2593 Oti-clens 4oz		\$	14.00		2974 Sectrol Two-Way Pet Spry 15	oz	\$	
	2594 Pyoben Gel 1oz		\$	14,00	- 2	29/5 Sectrol (Wo-vvay Cr. Opt)		\$. 35
	2595 TrizEDTA 411 oz.		\$	13.00		2976 Preventic Dog Tick collar		\$	_
	osos Pan Otic 2oz					3001 MCT Oil			
	ocoz. Digovio tablets		. \$	15.00		2018 M-Kem din		<u>\$</u>	
	2597 Digoxirrasies 2598 Animax/EnteDerm Ointment		· \$.	14,00		3020 V-Kem Sipho + Fogger 12oz		5	; 16
			4	18,00		JUOU //Kew RIPPU 4 LOCASI 1556			

		DEE P	RICE	PROE	DUCT	PRODUCT		PRICE
RODUCT	bkonoc i	(Qty =		ID		DESCRIPTION	Qty:	
	DESCRIPTION	Tary .			3333	C.E.T. Toolhbrush	\$	5.00
	- WARE CTC	(0 ()			3334	C.E.T. Chews Canine Medium	1	15.00
ionory Na	ime: MEDICATIONS DISPENSED-OTC	(Cont.)			3335	C.F.T. Toolhpaste	\$	11.00
ittegory to	***		10.00		2222	C C T figgethrish	\$	5,00
2021	Knockout premise spray	\$	12.00		2227	C F T Chews Canine large 30ct	\$	19.00
3021	VIP CAT DIP	\$	13,00		2220	∠ ∈ T. Cal Oral Hygiene Kut	\$	10,00
2022	Ealing Ald 8 5#	\$	49,00		2220	C F T Chrws Pelite 2499	\$	9.00
3034	Feline M/D 5.5 oz. 24 cans/case	\$	37.00		2272	C.E.T. Chews CATS 30ct.	\$	18.00
3033	Cosequin DS#132	\$	72.00		2240	C.E.T. Chews XLG 30 cl	\$	30.00
3100	Cosequit Com toc	\$ \$	35.00		3341	MAI-A-Kel Shampoo 8 fl oz.	\$	17,00
3101	Baytril Injectable	\$	58.00)	3342	BPO-3 Medicaled Shampoo	\$	13.00
3102	Cosoquin- small animals	\$	23.00)	3343	Chlorhexidine Shampoo 4%	\$	15.00
3103	Baytril Otic	\$	27,00)	3344	Chlomexiding Strainger 4 /6	\$	10.00
3104	Cosequin for Cals	\$	39.00)	3345	TrizChlor 4 Spray 8oz	\$	15.00
3105	ArthriMax for Cats 6 oz.	\$	32.00)	3398	Vitamin K Tablet 5mg	\$	15.00
3106	Dasuguin for Cals 84ct	\$	82.00		3399	Vitamin K Tablets 25 mg	ė.	15.00
3107	7 Dasuguin Sm-Med Dog 150ct	\$	94.00		3400	Theophylline CR 200mg	\$	15.00
310	R Dasuguin LG, Dog 150 ct.	\$.	10.0		3701	r Theophylline CR 300mg	\$	
311!	5 Centrine Tabs 0.2mg		9.0		2.401	Theophylline extend 100mg	\$	15.00
317	2 Laxatone 2.5oz	\$			340	a B-12 Injectable 100ml bottle	\$	15.00
210	9 Tagamet Tabs 200mg	\$ \$ \$ \$ \$ \$	1.2		340	a B 12 intectable 10ml w/syringes	\$	20,00
212	0 Tagamet 300mg	\$	1.3		340	5 Meropenem 500mg/vial	\$	20.00
010	1 Mephyton Tablets	\$	9.0		244	0 Staph Lysate Inj	\$	118,00
212	3 Pancreazyme Powder Boz	\$	125.0		241	1 Synotic 8 ml	\$	22.00
313	4 Pancreazyme 12 oz	\$	175.0		341	2 Synotic with Banamine	\$	24.00
313	a Pancieazyine 12 oz	\$	0.0)0	341	4 Synotic (10ml) with Baytril 10(ml)	\$	62.0
313	5 Viokase Tabs 425mg	\$	16.0	00	341	4 Synotic (Total) With Day (11 Total)	\$	10.0
313	37 Miconozole Lotion	. 0	16.0	00	341	7 Optixcare	\$	70.0
313	98 Pel-Tinic	\$	38.0	00	341	8 Autologous Serum	\$	24.0
322	23 Heartgard 1-25#	Š	47.0		345	51 Tobramycin 5ml	¥ 5	15.0
322	24 Heartgard 26-50#	4'	58.0		345	57 Drontal Plus Small 2-25#	\$	16.4
321	os Heartgard 51-100#	¢.	42.		345	58 Drontal Plus Medium 26-60#	- ⊅ S	29.3
321	32 Proheart 20.1 -30#	Φ	54.		345	59 Drontal Plus Large > 45#		15.0 15.0
323	35 Proheart 50.1-60#	Ď.	48,		341	60 Panacur 10 pound packet (3 per pac	k) \$	
37	36 Sentinel 2 to 10#	Þ	40. 50.		2.4	ek Danadur 20 nounds	Ψ	15.0
32	37 Sentinel 11 to 25#	\$.			34	63 Panacur 40 pound packet (3 per pac	:kel) \$	13.0
22	38 Sentinel 26 to 50#	\$	58,		3/	64 Panacur liquid/ ounce	49	12.0
20	39 Sentinel 51 to 100#	\$	68.		34	65 Anipryl 15 mg / 30 tabs	\$	113.
). 22	40 Velmedin 1.25mg	\$	15		24	66 Anipryl 10mg/30 tablets	\$	105.0
32	44 Vetmedin 2.5mg	\$.00.	34	167 Anipryl 5mg/30 tabs	\$	100.0
32	242, Revolution pup/kit <5# 3pack	\$ \$	53	.00.	34	167 Aniptyl olligiod teps	\$	115.
32	242 Revolution papraid to apara	\$	105	.00,	34	168 Anipryl 30 mg/30ct	\$	98.
32	243 Revolution Cats 5-15# 6pack	\$	103	00,8	34	469 Anipryl 2mg/30 Tablets	\$	19.
32	244 Revolution dog 05-10# 6pack	\$	103	C0.6	34	470 DermaBenSs shampoo 12oz	\$	2
37	245 Revolution dog 11-20# 6pack	\$		5.00	34	471 Capsule-empty gelatin	\$	
33	246 Revolution dog 21-40# 6pack	¢.		00.0	3	472 Optichamber and mask	5	
41	owa Povolution dog 41-85# bpack	00 00 00 00 00 00 00 00 00 00 00 00 00		7.00	3	A73 Dermazole Shampoo B 1i oz.	\$ \$	
ኅ	ave Constat 2-25 single gose	э \$		00.8	רי	aga, Osovacio Ophthalmic Drops		
3	over Canatar over 25# single dose	•		2.00	3	495 Cortisoothe/Hydrocortisone 1%	5	. 26
2	osn, Capstar 2-25 Package	\$				Shampoo		
つ	ost Canstar over 25# package	\$		3.00	2	3497 Resicort Conditioner	\$	
2	oso Revolution Cats 5-15# 3pack	\$		9.00	5	3498 Etogesic 300 mg	\$	
-	aga Pavolution dog 05-10# 3pack	\$		9,00		3499 ABS Antibarking Collar	S	
i i	1254 Revolution dog 11-20# 3pack	\$		00.00		3500 Panmycin Aquadrops		5 10
3	3254 Revolution dog 21-40# 3pack	\$		00.6		2000 Transing		\$ 129
3	3256 Revolution dog 41-85# 3pack	\$ \$	٤	00.83	·	3501 Prozinc		ş 3!
3	3256 Revolution dog 41-65# 5pack 3257 Revolution dog 85-130# 3pack	\$	8	30.00	;	3502 Feliway		5 4
;	3257 Revolution dug 65-150# Opack	\$		15.00		3503 Denosyl SD4 225mg		\$ 3
	3270 Vetmedin 5mg tablet	\$		15.00		3504 Denosyi SD4 90mg		\$ 1
,	nana Diethvistilbesterol Labs Ting	\$		24.00		3505 Etogesic 150mg		<u> </u>
: .	3305 Incurin 1 mg/tablet 30 qty	\$		48,00		3506 C.E.T. Oral Rinse		
:	2215 Optimmune			44.00		3507 Ciprofloxacin Ophthalmic Drops		7
	2247 Ovolosporin Oli 2%	\$				3509 Denamarin 90rng		\$ 3
•	2222 Thyroid Tabs 0.6mg/100	\$		15.00		3510 Denamarin 225mg		\$ 5
	2202 Thurnid Tabs 0.2mg/100	\$		15.00		3511 Denamarin 425mg		\$ 8
•	3324 Thyroid Tabs 6.3mg/100	\$		15.00		3512 Denosyl 425mg 30ct		\$ 6
	3330 Bactoderm	\$		18.00		3515 Reconcile 8 mg 30 tablets		¢ 4
	3330 Bactoderm 3331 C.E.T.Dental Care Kit	3		14.00		2010 Medonous a military replace		

RODUC	T PRODUCT			PRO ID		PRODUCT DESCRIPTION	DEF. F	1)
D	DESCRIPTION	(Qty =	<u> </u>	יוו	3735	DESCRIPTION Dermoscent Spot-on 4 pipettes 0-22 #	\$	26.00
		1011				Doα		CO 00
atenory	Name: MEDICATIONS DISPENSED-OTC	(Cont.)			3736	Dermoscent Spol-on 4 pipettes 22-45#	\$	30,00
		\$	15.00			Don	•	32.00
35	57 Relief Shampoo Boz.	\$	12.00		3737	Dermoscent Spol-on 4 pipettes 45-90#	\$	32,00
32	58 :Pramoderm Shampoo 8 oz.	¢ .	10.00			Dog	\$	28.00
		44444444	9,00		3738	Dermoscent Spot-on 4 pipettes Cal	э \$	18.00
35	59 Epi-Scothe 60 Betadine solution 63 Allerseb-T shampoo 8 oz.	\$	12,00		3756	Derm caps	φ \$	20.00
35	63 Alierseb-T shampoo 8 oz.	\$	13.00		3757	Derm Caps ES #60	\$	20.00
35	664 Dermallay Spray 12oz 665 DermaLyte Shampoo 12 oz	\$	14,00		3762	Omega Tri-V Liquid 8oz.	\$	12.00
35	65 DermaLyte Shampoo 12 02	\$	22,00		3764	Omega Tri-V Caps Medium 60cl	\$	82.00
	ce I vme nius dio 100Z	Š	15.00		3768	Vetoryl 30mg 30 capsules	\$	00.88
38	667 Potassium Gluconate Tablets	\$	5,00		3769	Vetoryl 10mg 30 capsules	\$	17.00
35	568 Forbid	s.	27.00		3770	Omega Tri-V Caps Large 60ct	\$	104.00
3	569 Nolvasan Shampoo 8 ounces	\$	23.00		3771	Vetoryl 60 mg 30 caps	\$	7.00
3	570 Douxe Shampoo 6.8 oz	\$	35,00		3776	Supplical 5.0cz	\$ \$	12,00
3	569 Nolvasan Shampoo 8 ounces 570 Douxe Shampoo 6.8 oz 571 Glycoflex.500 tablets 572 Benzovi Peroxide 3% (BPO-	\$	15,0			Nolvasan Soln 4oz.	\$	17.00
3		*			3778	Pet Cal 60 Tablets	\$	5.00
	3\Shampoo 100Z	\$	10.0	O	3779	3 Pet Cal 60 Tablets 9 Methimazole transdermal/syring Nothimazole 5 and Tablets	\$ \$	15.00
3	573 Oxydex HP Shampoo 6oz	\$	9.0		3/0	S Menunasor one in a	5	14.00
3	574 Oxydex Shampoo 6oz	****	14.0	0	378-	4 Pet-tabs #60 5 Pet-Cal 180 Tablets 6 NutriVed 7 pHydrion papers - roll 8 FaVor Feline Vltamin 60ct	. 4 4 4 4 4 4 4 4	45,00
3	575 Sulfoxydex 8 ounces	\$	9.0	0	378	5 Pet-Cai 180 Fabrers	55	8,00
3	576 Mycodex Pearlescent	\$	8.0	JO	378	6 Nutrived	\$	13,00
3	577 Clinicare powder	\$	23.0	00	378	7 pHydrion papers - roll	\$	16.00
3	3577 Cilinate points	\$	12.0		378	8 Favor Feline Vilainin boot	\$	17.00
;	3579 Sebalyt Shampoo Boz	\$	40.0		378	9 Pet-tabs Plus 50ct	\$	7.00
;	3580 Miconazole and Synotic Suspension	\$	9.0		379	DD Felovite	\$	15.00
	3581 Mycodex with Alrethrin	\$ \$ \$ \$	15.9	סכ		91 Cisapride 5mg	\$	39.00
,	3583 Dexamethasone tabs 0.5mg	Š	10.0		379	32 Etomidate vial 33 Felimazole 5 mg 100ct Bottle 94 Felimazole 2.5mg 100ct Bottle	\$	30.00
	3584 Pearlyt Shampoo 12.oz	\$	17.	00	379	33 Felimazole 5 mg (DOC) Bottle	\$	25.0
	3585 Malaseb Shampoo	.\$6		00	379	94 Felimazole 2.5mg 10050 Bottle	\$	15.0
	3594 Chloramphenicol Oph. Ointment	\$	3B.	.00	37	95 Felimazole 5mg	35	12.0
	3595 Erythromycin Ophthalmic Oint.	\$	40.	.00	37	96 Felimazole 2.5mg	\$ \$	42.0
	3596 Idoxuridine Opthalmic Oint.	\$	32	.00,	38	00 V.A.L. syrup bottle	\$	41.0
	3597 Idoxuridine ophthalmic sol.	\$	16	.00.	38	00 Ouragesic pain medication 25ug 102 Duragesic pain medication 50ug	\$ \$	60.0
	3601 Renacare Gel/ Renal K	\$	15	.00.	38	02 Duragesic pari medication cos	\$	50.0
	3603 Proin 75mg	\$	15	.00.	38	103 (vermectin 50m)	\$	70.0
	3604 Proin/Uniflex 25mg	\$	15	.00.	38	304 Duragesic pain medication 75ug	\$	0.0
Ì	3605 Proin/Uriflex 50mg	35	265	.00	38	399 Medication	\$	8.6
	3652 Rimadyl 100mg 180d.	\$	19	9.00	45	524 Gentamicin Inj Syringe < 1 ml	\$ \$	8.8
i	3653 Tramadol 50mg	\$	15	5.00	4	553 Pill Pocket Canine Small	\$	8.
	3655 Rimadyl 25mg		15	5.00	4	554 Pill Pocket Fellne 556 Pill Pocket-Canine Large	\$	10.
	3656 Rimadyl 75mg	\$	15	5.00	4	998 Canine Purina Gentle Snackers	\$	7.
	3657 Rimadyl 100mg	\$		5.00	4	998 Canine Pulita Gentie Gradition	•	
	3658 Deramax 100	\$	1	5.00		Name Applied VISITS		
1	3659 Deramaxx 25mg 3660 Dexamethisone Injectable 100ml	\$	ጎ	5.00	Categor	y Name: OFFICE VISITS		
	3661 Deramaxx 75mg	\$		5,00		1 Physical examination	\$	65
	3662 PREDNISOLONE Tabs 5mg	\$		5.00		2 Medical Progress Check	\$	50
1	3663 Prednisone Tabs 5mg	\$		5,00		3 with Physical examination	\$	Q
1	3663 Prednisone Tabs 30ng 3664 Prednisone Tabs 20mg	\$	1	5.00		With Physical examination Shelter examination	\$	C
1	3004 Predictions Table 20119	\$		5.50		5 Canine Adult Care Plan	\$. 199
]	3665 Medrol 4 mg	\$		15.00		6 Office visit-courtesy	\$	
	3666 Previcox 57mg 3667 Previcox 227mg	\$		15.00		7 Feline Adult Care Program	9	151
	3668 Prednisolone 5MG/ml LIQUID per	oz \$		15,00		8 After Hours Exam	\$	
	3699 DOXYCYCLINE 50 mg	\$		15.00		9 Boarding Examination	5	33
	3700 MINOCYCLINE Capsules 100 mg	\$		15.00		10 Annual Physical Examination	Ş	
	3700 MINOCYCLINE Outside 105 115	\$		13.00		10 Annual Physical Examination 11 Behavior consult and exam		, 7·
1	3730 CranMate 60 quantity	\$		30.00		11 Behavior consult and examing		5 5
	3730 Craniviate on dearmy	\$		35.00		12 Diabetic training 15 Anal Glands-express w/o exam		\$ 4
1	3731 FortiFlora 3732 Palladia 10mg / 30 d	Ş		15.00)	15 Anal sac express the exam		\$ 3
ļ	3732 Palladia 10hig 730 di 3733 Palladia 45mg/ 30 di			184,00		16 Anal sac-express—nurse		\$ 4
·	3733 Paliadia 45/hg/303/ 3734 Paliadia 50 mg/ 30 d		j [00.00)	20 Nebulization-daily 50 Nassau County Rables Vaccine		\$ 1
	3734 Panadia Ju 1191 Ju W							

	DEF. P	RICE PROD	HCT PRODUCT	Qty =	RICE
RODUCT PRODUCT	(Qty =	1) ID)	40.00
NESCRIP HUN	<u>luly -</u>	1))	00.88
			3928 Canine Z/D Ultra allergen-tree 25#	5	19.00
ntegory Name: OFFICE VISITS (Cont.)			2029 Feline c/d dry 4#	a L	35.00
legory Name. Of the Time		4 = 00	2020 Feline c/d dry 8.5#	ւ \$	58.00
51 Nassau County Rables Vaccine 2	\$	15.00	oper Faling old dry 1 (5)		4.00
51 Nassau Gounty Hasia	\$	0.00	noon Coning 7/11 Individual Call	5	41.00
99 'write in			and Celine kid can 5.5 bz 24/5ase	\$	40.00
ategory Name: OPERATING ROOM AND SUPF	LIES		3934 Feline c/d can 5.5 oz	\$	
ategory Name: OPERATING ROOM THE			coor Coming wild dry 27.5#	\$	68.00
	\$	90.00		\$	57.00
1200 Tru-cul biopsy needle	Š	0.00	3936 Feline 2d case 3.562 2 House 3937 Canine Purina NF Case 12 13.3 oz.cans	\$	28.00
1599 *Write In6	•		3937 Carine Purina NF dry 18#	· \$	51.00
			3938 Canine Pullia 141 Gr. 70"	\$	37.00
ategory Name: PET ACCESSORIES			3940 Feline k/d dry 8.5# 3941 IVD Canine Renat MP 6# Dry	5	25,00
		105.00	3941 IVD Canine Renal MP 6# DTy	3	32.00
87 Alpha Track 2 Glucose Meter	\$	125.00	3942 Feline r/d dry 8.5#	S	35.00
87 Alpha Hack 2 Glassos III	\$	60.00	3943 IVD Canine Hypoallergenic Adult	Ф	5,5.50
87 Alpha Track 2 Test Strips 50/bx	\$	22.00	カログ ブガ	_	54.00
TELEPHONIC DESIGNATION OF THE PROPERTY OF THE	\$ \$	18, 0 0	nout IVO Canina Renal MP 16.5#	\$	
3582 SulfOxyDex Shampoo 1211 02.	\$	00.0	3945 IVD Carine Renal MP 24can/case	\$	96.00
4103 <open≥1< td=""><td>\$</td><td>6.00</td><td>3946 Feline Wid dry 8.5#</td><td>\$</td><td>32.00</td></open≥1<>	\$	6.00	3946 Feline Wid dry 8.5#	\$	32.00
4470 Pel Carrier	\$ \$ \$ \$ \$ \$ \$ A	12.00	3946 Feline W/d dry 4# 3947 Feline w/d dry 4#	\$	17,00
4400 Deco pai trimmer	φ.	15.00	3947 Feline Wid dry 4m	\$	32.00
4181 Nall Scissors - Whites	\$	12.00	3948 Canine c/d 12 can case	\$	29,00
4182 Flea comb	\$	8.00	3949 Canine c/d dry 8.5#	\$	48.00
4183 Feline Elimin-odor	\$		3050 Canine c/d dfy 17.0#	\$	24.00
4183 Feline Elimin odor	\$	24.00	o ald do/ 100	\$ \$	3.00
4184 Canine Elimin-odor	\$ \$	12.00		Đ.	27,00
4185 Muzzle - small, medium, large	\$	13.00	3952 Canine Pleasified UR dry 6# 3953 Feline Purina EN canned case 3955 Canine Purina EN canned case	\$	
AA DE MALETTIE - EXTRA IBIGE	\$	14.00	2005 Carine Purina EN canned case	\$	28.DC
4187 Soft Paws Nati caps Kit	2	0.00	3956 Canine/feline a/d case 24 cans	\$ \$	53,30
4299 *Write In12	4	4.	3956 Canine/feline a/d canned ea	\$	2.00
4200	~ ~~~~		3957 Canine/teline and obtained on	Ş	16,60
Category Name: PRESCRIPTION DIETS-MISC	C. FUUDS		3958 Feline r/d dry 4#	\$ \$ \$ \$	57, 0 0
Category Name: Creases		en 05	3959 Feline w/d dry 17.6 #	e-	55.00
3034 Feline r/d 17.6# Dry	59	57.00	3060 Feline Punha UK diy 10"	ς,	19.00
3034 Fearns I/O 11:50 517	\$	22.00	apgo Canine Vd dry-b#	\$	69.00
3670 Canine Metabolic 6 #	\$	54.00	and Canine lid dry 20ff	\$	23.00
3670 Carine Metabolic # 17.6	\$	35.00	ager Calling Distriba (1M) 017 Off	Φ	79.00
3672 Canine Metabolic case 12can	\$	75.00	3966 Canine Purina DCO 32# dry	\$	
- aza Capina Molabolic 21.0ff	\$	00,0		\$	30.0
1 4000 SEDESC DIFTS, 3800-4055.	\$ \$	38.00	3967 Canine I/O case 3968 IVD Canine Hypoallergenic Adult PD	\$	99.0
2004 Canine d/d can case 12PN	4	36.00			
l soos Canine d/d dfy 8#	A	70.00	25# 3970 Feline Purina UR ST/Ox case 5.5 ca	ns \$	41.0
! oogo Coning did div 17.0#	\$	34.00	3970 Feline Punna UK 370X 0236 015	\$	
3904 Canine L/D 12 Can Case	\$		3970 Feline Folia 57.550z. 24 case	\$	
3904 Carine DD 12 Out 48 5		29.00	3072 Feline ild can 5.5 oz 24/0056	\$	· .
3905 Canine g/d dry #8.5		30.00	and make Vd dry AH		45.0
3906 Canine h/d can	\$	79.00	3975 Feline l/d can 5.5 oz 24/6456		
3907 Canine J/D dry 27.5#	\$	57.00	2076 Feline Vd OfV 4ff		4*
aong Canine h/d dfy 17.0#	\$	30,00	2077 Capine ald 12 can case		-
2000 Canine l/d case 140K	5	34.00	3977 Carmie 90 case 5.5 cans		\$ 41.
anto Canine ild dry 6.5#	\$ \$				\$ 80.
2014 Carrine ild dry 17.5#			3981 Canine trid canned 5.5 ounces 24/ca	se	\$ 38
2012 Canine Wd 12 can case	\$		3983 Feline tro carried 5.5 certises 2 mines		\$ 24
3912 Canine k/d dry 8.5#	\$		anox Carine Punna na ury or		\$ 5
3914 Canine k/d dry 17.6#	\$		anne Carino Trants 1 III DOUGH		\$ 62
3914 Canne Meday 35#	\$		note Canine Pliftha HA OIY 10.0"		\$ 103
3915 Canine Wd dry 35#	5	46.00	3087 Canine Punna HA ury 32"		_
3916 Canine Z/D 12 can case	ď		anno Canino 7/d 11/1/d Off		*
and 7 Canine r/d 12 can case		25.00	ando Carino z/d low allergen of		-
3018 Canine t/d dry 8.5#		45.00	3991 Feline 5.5 individual can		\$
2010 Canine r/d dry 17.6#	•		3991 Fairle 0.5 Marylada 1		s 70
agon Cagine (/d dry 2/,D#		Ψ	3992 Canine z/d ultra 17.6#		\$ 8
noos Canine s/d 12 can case		4	3993 Canine 2/d tow allergen 2016		\$ 2
3922 Canine u/d 12 can case		\$ 30.00	oogs Fallog ald All		\$ 2
3922 Canine u/d dry 8.5#		\$ 29.00 5 28.00	2005 Canine Purina En tormula de uty		ş 3
39:23 Carme and dry along			' 3995 Feline Di√ dfy 8#		•
3924 Canine wid 12 pk		\$ 25,00	/ agg7 Feline i/d 8.5 #		\$ 3
3925 Canine w/d dry 8.5# 3926 Canine w/d dry 17.5#		§ 48.00)		

a TUOT	DEF.	PRICE	PRODUC	T PRODUCT	DEF. I (Qty =		-
RODUCT PRODUCT	(Qty	= 1)			\(\(\)	23.0	<u> </u>
DESCRIPTION	1965		40	55 Eukanuba FELINE mod pH/O cs 12	\$	29.0	
	one ti	Cont)	40	56 Eukanuba FEL Skin & Coat Plus LB	Ψ	20.0	
alegory Name: PRESCRIPTION DIETS-MISC. FO	inne h	Cont.		40		27.0	nn
negory Marries Comment		00.00	40	57 Eukanuba Maximum Calorie Case 12	<u> </u>	36.	
3998 Feline Purina HA 4#	\$	26.00	3.5	co Eukoniiha response FP Case 14	Ψ		
none opping p/d 12 can.case	\$	40.00	40	so Edwardha FELINE restrical 18#	\$	63.	
4000 Feline g/d 5.5 ounce case	\$	40.00	40	sen ivin Canine Renal LP 16# DIV	\$	52.	
4000 Faine 9/8 5.5 Stricted cal. 5#	\$	15.00	41	061 IVD Canine Hypoallergenic Adult PV	/ \$	75.	.00
4001 Eukanuba teatrolog cal. 14#	\$	36.00		477 CH			
4001 Eukanuba restricted cal. 14# 4002 Eukanuba restricted cal. 28#	\$	66,00	١ .	062 Eukanuba FELINE restr cal cs12	\$.00
AND THE PROPERTY OF THE PROPER	\$	23.00) 4	063 Eukanuba restricted cal case12	\$	34	.00.
	\$	53,00	4	063 Eukanuba restricted das daso-12 064 IVD Canine Hypoallergenic Adult P\	/ \$	85	00,8
	\$	53.00) 4		•		
4006 Eukanuba Response KO 15# 4006 Eukanuba Response KO 15#		3.00		case	12 PH S	60	0.00
CODE CUIVADUDA 1680 X HIGA OGINOMINIM	15 Q	18.00	n 4	.065 IVD Feline Hypoallergenic Adult PV	∪.uπ ψ √ \$		1.00
toon Calconing Mesilial 7 VII		46.0	•	1066 IVD Feline Hypoallergenic Adult P	Ψ	_	,
4008 Eukanuba Intestinal +15#	\$			~2 GB		O.	3.00
4009 Edikariasa 4010 Feline Tiki Cat 12can case	\$	15.0		essa mulescuba response KO 30#	\$		
4010 Feline 11kl can 5.5 oz 24/case	\$ \$	36.0	· ·	agen IVD Capine Gastro Low Hat LH o.c	3# \$		6,00
4011 Feline Wid Cart 5.5 62 2	\$	21.0	· ·	And Coline Hypophlergenic reals	Ψ		4.00
4012 Feline Wd dry 4#	\$	54.0	Ю.	4070 Feline Purina NF 5.5 cans #24	\$		11.00
And a Feline 2/d dry \$.5#	\$	18.0	00	4073 Feline Purina NF Dry 6#	\$		26,00
And A Feline S/O O/Y 4#	Š.	24.0	00	4073 Feline Funda Nict Cape 5 507	\$		2,50
	ız \$	2.0		4075 Fel IVD Pres, Diet Cans 5,5oz		6	95,00
a list Caleactrescribital ulbi cario con	/2, Ψ	7.0	กัก	4076 IVD Feline Hypoallergenic PD cas	. \$		9.00
And The learning (PSI-CE) (Covalue 2-02		75.0 75.0	,,,	1077 N/D Treats	Ψ.	f	60.00
AND MUNICIPALITY INTERNITY OF	5	92.		ADTA IVD Feline Hypoallergenic PD 6.0	# \$		64.00
4018 Eukanuba response FP 30#	\$			rozo Cenina IId dry 1 / DF	\$		43.00
4019 Etikaridaa Paral LP 7# Dry	\$	34.		Anan Feline Purina EN 5.5 oz case 24	D D		50.00
4020 IVD Faille FEL 60z Individ cans	\$.00		\$		
4021 Euxanuba rec 002 morris	\$.00	4082 IVD Canine Hypoallergenic Adult	PR \$		75.00
4022 Feline M/D dry 8.5#	\$	21	.00,	47 CH			
		34	.00.	4083 IVD Canine Gastro Low Fat LF 1	7.6# \$		56,00
- ' " to believe Babail & Midnilled divers	<u>-</u> , ,	20	.00.	4083 IVD Carine Seems Live externes Adult	PR \$		35.00
			.00	4084 IVD Canine Hypoallergenic Adult			
4025 Eukanuba FELINE unnary-s + pH/s	4	2		7.7#	PV \$		35.00
5.5#	•		00.6	4088 IVD Canine Hypoallergenic Adul			
up Called Denal P case 24 out. U	ans \$	· .	2.00	~ ~#	\$		44.00
				4089 IVD Feline S/O 5.8oz case 24			60.00
4028 Eukanuba FELINE mod pH/O 5.5#			5,00	Anno IVID Enline Hyposiletteeliic FIN C			63.00
4029 Edikaridda'r Echinaed LP 5,5# Dry 4030 IVD Canine Renal LP 5,5# Dry		₩	2.00	4091 IVD Canine Gastro Low Fat LF	\$		OJ,U
4030 IVD Canine Kenar Li Common Pd/O ea cr	n :	\$	2.00	D4loaco			mo 6
4030 IVD Carmie IVCINE mod pH/O ea or		\$ 2	00,8	4092 IVD Canine Vegitarian 16.5# Di	ry \$		56.0
4031 Eukanuba FELINE Intestinal + 5.5/		\$ 8	5.00	4094 lvd Feline 2.5oz / 3ozcan	\$,	2.0
4032 Eukantida EEth Dintergenic Adult P	13	•		4094 IVD Canine Satiety Support 26	.4# 5	\$	68.0
		\$. 2	27.00	4096 IVD Canine Sallety Support	case 5	\$	66.0
Look Eukapuba Intestinal †PUPPY Off		\$	1.75	4095 IVD Canine Salety Support 4097 IVD Canine Renal LP 24 cans	266	\$	65.0
Tito / tot innividual veli			3.00	4098 lvd Feline Hypoaliergeriis i i v		\$	7.0
inac Eukaniiba 14 OZ individudi cana		\$	23.00	4099 open	17 E#	5	70.
I AND ELLINDURA YORDONSE NO ON		•	29.00 29.00	Lan Up Casing Hypnalle(Offile III	.UIr 7#	\$	35.
The column and Ranal Flus Join		•		YADA IVID CABIBE ELYDUQUEGAETIS	1.I#		77.
4038 Edikalida Edikalida 4039 IVD Canine Hypoallergenic Adult	PV	\$	99.00	TYOU IVID CONING AGRICULT OFFICE		\$	75,
4039 IVD Carmie 17/Pounts 9-11				4104 IVD Canine Adult PD 17.6#		\$	
25#		\$	44.00	AAR NO Edine HP (.(#		Þ	52.
4040 Eukanuba Senior Plus/ Joint 15#		\$	84.00	THE NO COSTS HE MOU. UNI SHE	ŧ	\$	36
ADM Firkanuba Senior Pitis John John		\$	19.00	4106 IVD Canine HP Mod. Cal 24.3	2#	\$	98
Love Enk Renal Plus 5.5#		\$	45,00	4107 IVD Canine HP Wou. Gar 243 4110 IVD Canine Cal. Control High	Fiber case	\$	67
- Iddani Dobal Uliis 10 Uff	also) E#		26.00	4110 IVD Canine Cal, Collino Filgin		\$	29
	HC IOTH	\$	73.00			\$	79
			15.00	4111 Canine 3/D 6.5# 4112 IVD Canine Hypoallergenic A	aun P	-	
c. t. v o Ostmim weight Ochre	01 0100	\$		9359		\$	37
: AND WAY COURSE (SERVICE FOR 1 or 5)	28.6#	\$	75.00	4443 IVD Canine Hepatic 7.7#		ф \$	98
a na Colleg HE 24can case		\$	43.00				38
4050 Eukanuba FELINE lintestinal +c	ase12	\$	24.00	4114 IVD Canine Prepare 257 to 4115 Euk Canine OptimumWeight	Control	\$	J.
4050 EUKanuba Februari a case -12		\$	30.00	15#			
	low oH/	s \$	63.00	ON Caco		\$	3
4050 Eukanuba Intestinal + case -12							C1/
4052 Eukanuba FELINE unnany-s * "	low bin				L-5/0 3oz.	\$.39
4052 Eukanuba FELINE ulmary-s 1 P	on pro-		21,00		L-5/O 3oz. 'E cal 17.6	\$ \$	 5
4052 Eukanuba FELINE Urinary-s+	cs12	\$	21,00 24.00	4117 IVD Feline MODERATE CA 4118 IVD Canine S/O MODERAT	L-6/0 3oz. E cal 17.6f	\$	
4052 Eukanuba FELINE unnany-s * *	cs12		21,00 24.00		L-5/0 3oz. E cal 17.6#	\$	

		-51107)EF	PRICE	PROD	UCT	PRODUCT	DEF. F	
ROI	DUCT	PRODUCT	Oty:		ID		DESCRIPTION	(Qty =	1)
)		DESCRIPTION	<u> </u>	<u> </u>		219	Enema Administration	\$	65.00
		TO THE PARTY OF TH	יחפ ור	Cont 1		220	Fulhanasia Services, See Below	\$	0.00
ated	orv N	ame: PRESCRIPTION DIETS-MISC. FOO	ין טעונ	20111.]		221	Futhanasia 15 lbs or less	5	65.00
11-5				18.00		222	Futhanasia 15 to 30 lbs	Ş	70.00
	4119	Feline T/D 4#	\$			223	Futhanasia 30 to 60 lbs	\$	75.00
	4170	Feline T/D 8.5#	\$	36.00		224	Futhanasia 60 lbs & over	\$	85,00
	4121	Feline Y/D 4#	\$	25.00		225	Futhanasia Lab animal/bird	\$	50.00
	4400	Calina VIII case	\$	52.00		226	Eve-corneal staining fluorosce	\$	25,00
	1400	NO Feline Gastrointestinal Fit 0.08	\$	44.00		227	Eye - tear test (Schirmer)	Ģ	25.00
	1404	CIVO Calina Gastrointestina) na case	5	44.00		276	Eye - tonometry	\$	35.00
	4 45	ND Feline Gastro Fiber Response 8.8#	\$	41.00		220	Eye-Schirm/corneal fluor, stain	\$	40.00
	4172	S IVD Canine UC Low Purine 18#	\$	61.00		220	Fluid Therapy - SC/ml (O.P.)	\$	28,00
	4120	VD Canine Satisty Support 7.7#	\$	27.00		230	Heartworm Tx -injection-(not inclu, med	\ \	68.00
	412	B IVD Canine Satiety Support 17.6#	\$	52.00		231	Microfilaria Treatment	, <u>.</u>	0.00
	412	9 IVD Canine S/O MODERATE case	\$	74.00)	232	3 Obstetrical Assistance	\$	350.00
	412	9 IVD Canine S/O MODELY 12 6#	\$	60.00)	233	Obsertical Assistance	\$	45.00
	413	0 IVD Canine Early Cardiac 17.6#	\$	33.00)	234	4 Cremation, Processing Fee	\$	65.00
	413	1 IVD Canine S/O MODERATE CAL 7.7#	Ŝ	33.00)	23	5 Convenia Injection 0-15 #	\$	72.00
	413	2 IVD Canine S/O MODERATE Cal 7.7#	\$	36.0	0	23	6 Convenia Injection 15.1-30#	\$	88.00
	413	3 IVD Feline MODERATE CAL S/O 6.6#	\$	40.0		23	7 Convenia Injection 30.1-40#	¢	95.00
	413	4 IVD Canine Moderate Cal PW 7.7#	\$	15.0		23	8 Convenia Injection 40.1-50#	\$ \$	103.00
	419	ıs, Fuk Canine Mobility Plus #⊃	\$	53.0		23	9 Convenia Injection 50.1 - 60#	\$	120.00
	140	oc calles Durina OM 16#	\$	64.0		24	0 Convenia Injection 60.1 - 70#		130.00
	413	37 IVD Canine Cal Control HI PRO case	Φ	04.0	•	2.4	4 Convenia Injection 70.1 -80#	\$	32.00
		2d	•	24.0	ın.	24	12 Injection-Soludelta cortet 100	5	
	417	ge IVD Capine Cal Control 6.6#	\$	47.0		2/	ra Injection-Soludelta corte; 500	\$	45,00
	2.45	an TVO Calorie Control 15.4#	\$			r),	ta Injection- hospital treatment	\$	12.00
	41.	40 Canine I/d Lowfal GI Restore case	\$	32.0		2	45 Injection - CRI Pain Medication	\$	48.00
		c	\$	48.0		2	46 Injection - Anzemet	\$	35.00
	41.	42 Euk Feline 14# Low Residue intestinal	+ \$	61.0		2	47 Injection #1	\$ \$	13,00
	41	43 IVD Feline S/O 3.3#	\$	19.		2	48 Injection #2	\$	39.00
	41	44 IVD canine Urinary S/O REGULAR	\$	72.	00	2	49 Injection #3	\$	48.00
	41					2	50 Pedicure - courtesy	5	0.00
		case 45 IVD Canine HP Small Breed 8.8#	\$	41.	00	2	50 Pedicure - nail trim	# W #	15 C/
	41	45 IVD Canine HP Small bress com	\$	36.	00	2	151 Pedicure - Hair unit 152 Injection-Chloramphen/bottle	\$	18.00
	41	46 Feline Matabolic 8.5#	\$	26.	.00	2	52 Injection-Chiorattipherocoms	\$	45.0
	41	47 IVD Canine Diabelic 7.7#		66	.00	2	263 Injection-Epogen	S.	38.0
	41	148 IVD Canine Diabelic case	\$ \$	77	.00	7	254 Injection-Shock treatment	S.	25.0
	41	149 IVD Canine HP Case	\$	47	.00.	7	255 Injection-subconjunctival	\$ \$	70.0
	4	153 IVD Canine Anallergenic 8.8#	\$.00		256 EKG-electrocardiogram	\$	100.0
	41	oos, Canine Purina UM case	\$.00		257 Endoscopic Exam/Services	5	20.0
	1	ooe Canine Purina OM 18#	\$.00.		258 Injection-Adequan/ ml + inj fee	\$	285.0
	4	997 IVD Feline Renal L/P 2.5 #	ф	1.	,,,,,,,		259 Tracheal Wash/collection	2	65.0
							260 Tear duct flush	ş.	48.0
~	alaciot	y Name: PROF, SERVICES-PROCEDU	KE2				261 Injection-Solumedrol bottle		3,6
ارا :				-	2.00		262 Baytril injectable/mi + IN).	\$ \$	24.
		158 Nail Clip Large Bird	\$				263 Injection- pain medication		24. 48.
		200 Ear flush - one ear	\$		5.00		264 Inlection-Avid FriendChip	\$	
!		201 Ear flush - 2 ears	\$	_	5.00		265 Injection- Baytril/MI + IDI	\$	3.
1		201 Ear Itaan 2 Gard 202 Anal Sacs - Infusion	\$		0,00		oss Injection-Pensid/ml + Inj. lee	\$	5.
1		203 Bandaging - routine	Ş	•	5.00		267 Injection-Amik50mg/ml +inj 166	\$	1.
i		203 Bandaging - Todanic 204 Injection-Cefatoxin bottle	9		4.00		268 Injection-Metronidazole/ml+inj	\$	12
1		205 Video olascopy	5		2.00		269 Beak and nall clip	\$	22
1		205 Video oldscopy 206 Centesis - abdominal			00.00		270 Beak and wing clip	\$	25
!		205 Centesis - abdominio		; 3K	00.00		271 Pluck Ears/Nails	\$	
i		207 CSF Tap		\$ E	55.00		271 Muck Earshyans 272 Wing Clip	\$	20
		208 Centesis - arthro (joint)		\$ 3	30.00		2/2 Willy Oilp lab animal	9	28
į		209 Centesis - perculaneous		Ψ.	55.00		273 Teeth Clip-lab animal	S	
		210 Centesis - thoracic (chest)		\$ \$	0.00		274 Rabbit Teeth Clip/Nails	,	
		211 Cremation Services, See Below		\$ \$	80.00		275 Beak Clip	4	
		242 Cremation 1-24 lbs			85.00		276 Blood pressure measurement	?	
		24.3 Cremation 25 to 49 lbs		-	95.00		277 CPR-cardiopulmonary resusc.		40
		217 Cremation 50 to 74 lbs		Ψ	20,00		278 Injection-hypertonic saline		-
1		245 Cremation 75 to 99 pounds		•	50.00		279 Injection-Hetasterch		-
		one Cremation 100-124		-			oss Endeconvisionalistus of 10%		
		217 Cremation > 125f5s			70,00		281 Endoscopy & Ultrasound-Mob.vu		t 801
		218 Enema - deobslipale		\$ 1	85,00				

DODUCT	PRODUCT	DEF.	PRICE	PRODUC	CT PRODUCT DESCRIPTION	(Oty =	PRICE = 1)
(UD0C1	DESCRIPTION	(Qty	<u>- 1) </u>				
		Cont	1	Calegor	y Name: SURGICAL SERVICES		
atenory N	lame: PROF, SERVICES-PROCEDURES	, toon	14.]			\$	45.00
		5	950.00		13 Cushings Disease Training	\$ \$	325.00
283	3 Endoscopy-upper and lower	\$	29.00		623 Echocardiogram	\$	375.00
	. t⊸iaction-RimadV/MI	\$ \$	8,00		628 Echocardiogram- Dr Reid	φ 5	0.00
	c talestion AmikaZaUMB/III TIII	.р \$	7.00		800 (BANDAGES & CASTS, 800-824)	e.	32.00
	e energial Servi-late (realinie) ii	\$ \$	155.00	,	801 Bandaging - compression	\$	30.00
	a malenn ingestion treatilititi	D.	85.00	-	802 Bandaging - minor	φ	40.00
6.0	a cuthanasia <15 # ID DIIICE	\$	90.00		803 Bandaging - moderate	\$	55.00
	o cuthanagia 15-30# ID Dilice	Œ.	95.00		804 Bandaging - Robert Jones	\$	55.00
mm	on Euthanasia 30-507 IT Office	\$ \$	100.01		805. Bandaging - surgical extensive	\$	325.00
	w Euthanasia >60# In Dilice	Ψ	140.0		807 Casting - fiberglass	\$	200.00
	no Convenie Injection 60.1 - 50#	\$ \$	150.0		808 Casting - Mason metasplint	\$	300.00
	na Convenia Injection 90.1-100#	ъ \$	120.0		900 Caction - blaster	\$	45.00
20	94 Colonic Flush Inc. Cytology	\$	48.0		810 Avulsed nail/bandage-minor	E.	300,00
21	97 Insulin-CRI	э \$	0.0		o44 Caction - Thomas splint	\$	90.00
			80.0		pan Augleed pail/bandade - MalVI	\$	00.0
	C Crosso Plasma Administration	\$ \$	22.0		825 (GASTROINTES INAL, 820-608)	\$ \$	600,00
28	56 Fresh Flozer Flagma, tanks 197 Medicine Administration 2x per day	4	44.1	,,,	826 Abdominal Exploratory	\$	285.00
					gg7 Angl Sac(s) Abscess	\$	600.00
o-hadan	Name: RADIOLOGY SERVICES				aga Anal Sac(s) Removal	.₽ \$	600.00
Category	(AMILIA -	_	92.	rn.	ogo ni-may (restrointestinal)	\$	800.00
	600 X-Ray-first view	\$ \$	92. 72.		830 Enterolomy-remove foreign body	\$	325.00
	501 X-Ray Addition View	\$	65.		921 Gaetric Lavage	\$ \$	1,200.00
٠.	ena Racheck X-faY	\$ \$	350		832 Gastric Torsion Complex	φ \$	B00.00
,	coa Gl (harium) Series, cat		350 400		RRR Gastrotomy	\$	350.00
,	604 GI (barium) Series, dog	\$.00	934 Gastrotomy Tube	e e	850.00
'	605 Dental X-ray (1)	\$		5,00	835 Intestinal Anastomosis	\$ \$	850.00
'	606 Dental X-ray (2)	\$		5,00	836 Intussusception	\$	400,00
:	607 Dental X-ray (3-5)	\$			not live Diancy	ų. E	
	man Dealel Y.ray (25)	5		5,00	ogo Pharyprostomy Tupe Placement	\$ \$	950.00
		\$		5.00	839 Anastamosis-Intestinal	\$	400.00
		rge1 \$		0,00	RAN Pyloroplasty	φ \$	
i	611 X-Ray Special Contrast Media Charge 612 X-Ray Special Contrast Media Charge	je2 \$		00.0	841 Rectal Prolapse	, \$	650.00
	- rag V.Ray Special Confider Micold Offer,	ge3 \$		00,0	RAD Salivary Mucoseole	\$ \$	
1	PART IND A CHANGE A LIBOR AND			0.00 5.00	and the placement		
1	615 IVP XRay Urinary Tract, dog	\$		5,00 5,00	860 (HEMATOPOETIC, BOU-009)	2	
	era Ultrasound	3		5.00 5.00	864 Splenectomy	,	800.0
i	617 Ultrasound - 2 cavities	9	י פר	25.00 25.00	nor Ourney Dr. Sovalia	,, t	\$ 0.0
1	618 Ultrasound and Biopsy	9	j, ∷,∠	25.00 95.00	ROD (MUSCULOSKELE LAL, 090-945		\$ 575.0
1	ere it - V Devi	3		30,00 20.00	got Amoritation/digit(S)		\$ 900.0
-	con I three and dilided Diopsy Otto			20.00 15.00	892 Amputation/extremity		\$ 375.0
	621 Ultrasound guided aspirate				893 Amputation/tall		\$ 500.0
	and Concern SCIERS:		*	10.00 65.00	VmolordhA kap		\$ 150.0
	625 Ultrasound - 2 cavities - Dr. Neid		-	55.00 75.00	895 Biopsy (muscle or bone)		\$ 275.
	men illimonished illi Kelli		7	00.0	oog Bioney lymph noge		\$ 700.
\	to the send send Bloosy Isl New		\$	0.00	897 Cruciale Ligament Repair		\$ 475.
		d	\$	0.00	nan Declaw Feline 4		\$ 325.
		Reid	\$	_	899 Declaw Feline(2)		\$ 325
1	630 Olitasound-Focused assessment		\$	90,00 00,0	ფიი Declaw Cat (rear)		\$ 400
\	ong stateta ina		\$		oo4 Declaw/Alter cat		\$ 125
ļ	Laro UD Carino Analiging Della Tatori		\$	92,00 39,00	ono Dowclaw Removal (Puppy)		\$ 35
! ,			\$		ana Dewclaw(s) & Tall(s)/Puppy		\$ 30
i	4151 IVD Feline Senior Consult 24/5.8 4152 IVD Feline Senior Consult 24/5.8	oz case	∋ ఫ	42.00	on a Docking Tall(s) (ODIY)		\$ 800
1					oos Eamoral Head Ostectomy		\$ 900
_	gory Name: SPECIAL INFORMATION-	SERVI	CE		coc Emeture Repair(N) DITTID9		\$ 900
Cate	igory Names of Basis			0.00	007 Emolure Renallike apparatus		\$ 425
1	RET Return/Credit		\$	0.00	and Emphysic Repairivial lemaid	_:_	\$ 400
;	each thelega oxicle from		\$	00.0	noo EX Repair/Mandibulat Gymphy	ភ15	\$ 40
•	DULV Dalaine Chief I	.4	5	0.00	OVU PARADAS CULISCIONATION		7
	Engl MYS Reimburse spay/neur adjus	ı t		22.00	910 Hygiotia oon-	to the second	E -411
•	5000 Baldine exists The Spay/neut adjust 5014 Returned Check Services 5015 Telephone & L/D Charges	ıl	\$ \$.30,00 .00,0	911 Declaw Feline (all) with alter 912 Hip Luxation Closed Reduction		\$ 60 \$ 40

		B.E.E.		o ለከሀሮፕ	PRODUCT		PRICE
₽ROĐI	JCT PRODUCT				DESCRIPTION	(Oty:	
	DESCRIPTION	(Qty:	= 1) <u>ID</u>	44.47	Rienay (urogenital)		375.00
ID				1142	Castration, See Below	\$	0.00
	ry Name: SURGICAL SERVICES (Cont.)			1140	Cryptorchid (dog)	\$	450,00
Catego	ry Name, Solvoione San			1144	Cryptorchid (cat)	\$	350.00
	913 Hip Luxation Open Reduction	\$	00.008	1140	B After dog< 15# Inc. pain med	\$	250.00
	914 Tendoneclomy	\$	400.00	1146	Alter dog 15-30# inc. pain mod	\$	260.00
†	915 Declaw over 2 years old	\$	450,00	1148	Alter dog 30-60# inc. pain med	\$	270.00
į	916 Pedineus Myolendonectomy	\$	250.00	1150	Alter dog 60# + inc. pain med	\$	300.00
	916 Pedineds Mydicinas Institution	\$	450.00	115		\$	120,00
:	918 Tendon Repair	\$	00.008	115	2 Alter Feline 3 Scrotal Ablation 4 Testicular Tumor	\$	425.00
!	919 Laparotomy 950 (NEUROLOGICAL, 950-969)	\$	0.00	115	4 Testicular Tumor	5	450,00
:	950 (NEUROLOGICAL, 350) 951 Diaphragmatic hernia repair	\$ \$ \$	900.00	115	5 Anal Sac Resection	\$	750.00
	970 (OPHTHALMIC, 970-1019)		0.00	115	6 Penanal adenoma	\$	550,00
•	970 (OPHTHALIMIC, STOTISTO	\$	160.00	115	6 Penanai adenoma/Castration	\$	700.00
	971 Chalazion	\$	00.008	115	Penanai Adendinaroastration	\$	500,00
	973 Enucleation	\$	500,00	115	9 Cystotomy - Cat	\$	650.00
ı	974 Eyelid Surgery/major	H H H	425.00	116	O Cystolomy - Dog	\$	600,00
1	975 Eyelid Surgery/major x 2	\$	225.00		1 Cesarian Section	¢	00.008
1	976 Eye-Grid Keratotomy	\$	300,00	110	52 Urethrostomy 53 Cystotomy/urethrotomy	\$	900.00
i	977 Conjunctival Flap	\$	400.00	116	33 Cystotomydrethiolomy	\$	325.00
	978 Eyelid Tumor Removal	***	400.00	11:	34 ()[O[]YQ[U]U[U[O]U[\$	500.00
1	980 Laceration (corneal)	\$	350,00	110	35 Mastectomy (Cat)	\$	650.00
1	981 Laceration (lid)	\$	60.00	111	56 Mastectomy (Dog)	\$	300.008
i		\$	110.00	111	68 Nephrectomy	\$	00,006
	983 Nictitans Eye Flap	\$	400.00	11	69 Nephrotomy	5	0.00
1	984 Eye-replace gland of nictitans	\$	175.00	11	70 Ovariohysterectomy, See Below	\$	250,03
- 1	990 Esophagostomy tube	\$	0.00	11	74 Pyometra, canîne	\$	305.0G
- 1	1020 (RECONSTRUCTIVE, 1020-1049)	\$	900.00	11	75 Pyometra, feline	\$	285,00
	1021 Hernia (diaphragmatic)	3	00,008	11	76 Spay dog<15 lbs inc.pain med	\$	206.60
: }	1022 Hernia (inguinal)	\$ \$	800.00	11	77 Spay dog 15-30 # inc. pain med	\$	325.00
	1023 Hernia (perianal)	\$	400.00	11	178 Spay dog 30-50 # inc. pain med 179 Spay dog 51-80# inc. pain med	\$	340.00
l	1025 Laceration (major)	\$	250.00	1"	180 Spay dog 80 lbs+ inc. pain med	\$	450.00
	1026 Laceration (minor)	\$	300.00	1.	180 Spay teline including pain med	5	285.00
	1027 Laceration (intermediate) 1028 Hernia-Umbilical w/Spay	\$	160.00	•	182 Spay feline/heat inc.pain med	\$	380.00
	1028 Hernia-Ottonisal Word) 1029 Hemia-Umbilical WAlter	\$	200.00	1	183 Spay feline preg./inc pain med	\$	675.C0
	1030 Hernia-Umbilical - Dog	\$	350.00	1	183 Spay telline pregunto pain med 184 Spay cat + Deci 4 inc pain med	\$	575,00
ļ	1030 Hernia-Ombilical - Cat	\$	350,00	j	185 Spay cat/declaw(2)inc pain med	\$	550,00
	1031 Hemia-Ontollical - Out 1050 (RESPIRATORY, 1050-1074)	\$	0.00		185 Spay Cardecian(z)mo pom mos	\$	400.00
	1050 (RESPIRATORY, 1053 1577) 1053 Nasopharyngeal Polyp Removal	\$	00.00	1	186 Spay Rabbit	\$	00,08
1	1054 Stenotic Nares Repair	\$	325.00		187 Alter-Ferret 188 Descent-Ferret	3	200.00
١	1054 Stenotic Males report	\$ \$ \$	1,000.00		188 Descent-reitet	\$	325.00
i	1055 Thoracolomy	\$	300.00) 1	189 Alter rabbit 1192 Urethrostomy/feline male	\$	900,00
1	1057 Tracheotomy 1058 Partial Laryngectomy	\$	350.00) (1192 Ureinfostomy/reline male 1193 Urinary Obstruction/canine	\$	275,00
'	1058 Partial Laryngestons	\$	3 0. 08)	1193 Orthary Obstruction/feline	\$	225.00
:	1059 Nasal flush feline 1075 (INTEGUMENT/EAR, 1075-1119)	\$	0.00	-	. 105 O	\$	120.00
	1075 (INTEGORIENTER INTERIOR	\$	150.00)	1195 Spay ferret 1196 Spay mature dog-surgical fee	\$	325.00
į	1077 Biopsy (skin) 1079 Hematoma-Aural	\$	325,00		1196 Spay Mainte dog-ourgieux	5	0.00
	1080 Ear Resection (bilateral)	5		-	1197 < Open>	5	0.00
İ	1080 Ear Resection (unitateral)	\$			1199 *Surgery 1617 Fluids to start on arrival at the H	osp. i	0.00
ļ	1087 Lip Fold Correction	\$		-	1921 Boarding Additional Day(s)	. 5	0.50
Ì	1088 Nasal Fold Excision	\$		-	1955 Apomorhine Administration	9	30.00
1	1089 Mass Removal-external (major)	\$			1955 Abothoritie Administration	3	5 14.0G
i I	1090 Mass Removal-external (minor)	\$			2495 Valium Syringe 3098 Arthogen 32 oz.		CQ.7h 4
	1091 Abscess treatment	5			3508 Vetsulin 10ml		5 44,CO
	1091 Abscess treatment		800.0		3586 Keta Chlor Shampoo		\$ 20.00
:	1092 (hyroidectomy 1120 (SPECIAL/MISC., 1120-1139)	:	\$ 0.0		3763 Omega Tri-V Caps Small 60ct		\$ 12.00
	1120 (SPECIADIMIDO), 1125 1121 Abdominal Tap- Drain Fluid	,	\$ 150.0		3961 Canine Hypoxilergenic Treats		\$ 10.00
	1122 Thoracic Tap - Drain Fluid		ş 155.(3978 IVD Canine Prescription can		\$ 4.60
	1122 Indiade Tap - Digital India		\$ 300.0		4071 IVD Feline Prescription can 65		3.00 g
	1128 Mass Removal-Internal (major)		\$ 800.0		4188 Soft Paws Application		\$ 45.00
1	1129 Mass Removal-internal (minor)		\$ 700.0		4523 Amikacin Injection Syringe <1r	ni	\$ 18.00
	4 430 Microchip Ident implant		s 68%		MOZO THIRADII II JOSIATI - J J		
	1140 (UROGENITAL, 1140-1197)		*	.00			
	1141 Biopsy (kidney)		§ 375.	,UU			
	• • •						