

U-45-17

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 ROAD HICKSVILLE, NEW YORK 11801	Contact Person: Barbara Reynolds, Office Manager
	Phone: 516-681-5477

Department:
Contact Name: SCOTT D. TUSA
Address: NASSAU COUNTY FIRE MARSHAL 1194 PROSPECT AVENUE WESTBURY, NEW YORK 11590
Phone: 516-573-9991

RECEIVED
 NASSAU COUNTY
 CLERK OF THE COURT
 2017 JUN 22 2:48

Routing Slip

Department	NIFS Entry: X	27-JUN-17 -- MGRIGONIS
Department	NIFS Approval: X	26-JUL-17 -- JPRIEST
DPW	Capital Fund Approved:	
OMB	NIFA Approval: X	26-JUL-17 -- RDALLEVA
OMB	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

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	FC					
Control:	10	Revenue		1	FCFCF1200DE500	\$ 7,000.00
Resp:	1200	Contract:				\$ 0.00
Object:	DE500	County	\$ 7,000.00			\$ 0.00
Transaction:		Federal	\$ 0.00			\$ 0.00
Project #:		State	\$ 0.00			\$ 0.00
Detail:		Capital	\$ 0.00			\$ 0.00
		Other	\$ 0.00			\$ 0.00
		TOTAL	\$ 7,000.00		TOTAL	\$ 7,000.00
RENEWAL						
%						

Increase			
%			
Decrease			



Nassau County Interim Finance Authority

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

1. Vendor: MID ISLAND ANIMAL HOSPITAL

2. Dollar amount requiring NIFA approval: \$7000

Amount to be encumbered: \$7000

This is a Amendment

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: 1/1/2017-12/31/2017

Has work or services on this contract commenced? Y

If yes, please explain: ONGOING AGREEMENT - DR. KORNET PROVIDES
VETERINARY CARE TO OUR TWO K-9 ACCELERANTS AS NEEDED

4. Funding Source:

General Fund (GEN)	Grant Fund (GRT)	Federal %	0
Capital Improvement Fund (CAP)		State %	0
X Other		County %	0

Is the cash available for the full amount of the contract? Y

If not, will it require a future borrowing? Y

Has the County Legislature approved the borrowing? 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 requested:

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.

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form Y

Nassau County Committee and/or Legislature

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:

Contract ID	Date	Amount

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.

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

Authenticated User

Date

NIFA

Amount being approved by NIFA:

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

Authenticated User

Date

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 11801
FEDERAL TAX ID #: 11-26482297

Instructions: Please check the appropriate box ("☑") 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 _____ [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 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: _____

_____ (list # of persons on 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. ☒ 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 out after previous vet, Westbury Animal Hospital retired. Entered into agreement January, 2015 for three (3) one-year renewals. Exercising last renewal of original agreement. [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. ☐ 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.

- ☐ **D.** Pursuant to General Municipal Law Section 119-o, 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: ☐ 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

3-20-17
Date

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.

**Contract Details**

SERVICE veterinary & grooming services

NIFS ID #: CLFC17000002 NIFS Entry Date: 3/20/2017 Term: from 1/1/2017 to 12/31/2017

New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>	1) Mandated Program:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Amendment <input type="checkbox"/>	2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Time Extension <input type="checkbox"/>	3) CSEA Agreement § 32 Compliance Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>	5) Insurance Required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
RES#			

Agency Information

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

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

Routing Slip

DATE Recd.	DEPARTMENT	Internal Verification	DATE App'd. Fwd'd	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head) <input checked="" type="checkbox"/> Contractor Registered <input checked="" type="checkbox"/>		<i>Scott D. Tusa</i>	
	OMB	NIFS Approval (Contractor Registered) <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
	County Attorney	CA RE & Insurance Verification <input type="checkbox"/>			
	County Attorney	CA Approval as to form <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>			
	County Attorney	NIFS Approval <input type="checkbox"/>			
	Comptroller	NIFS Approval <input type="checkbox"/>			
	County Executive	Notarization <input type="checkbox"/> Filed with Clerk of the Leg. <input type="checkbox"/>			



Contract Summary

Description: Veterinary and grooming services
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. For this renewal period.
Recommendation: (approve as submitted)

Advisement Information

BUDGET CODES	
Fund:	FC
Control:	10
Resp:	1200
Object:	DE500
Transaction:	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXX
County	\$7,000.00
Federal	\$
State	\$
Capital	\$
Other	\$
TOTAL	\$7,000.00

LINE	INDEX/OBJECT CODE	AMOUNT
1	FCFCF1200 DE 500	\$7,000.00
2		\$
3		\$
4		\$
5		\$
6		\$
TOTAL		\$7,000.00

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: Scott D. Tusa

Date: 3/20/2017

NIFS Certification	Comptroller Certification	County Executive Approval
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)

1. Vendor:

Mid Island Animal Hospital

2. Dollar amount requiring NIFA approval: \$ 7,000.00

Amount to be encumbered: \$ 7,000.00

This is a ☐ New Contract ☐ Advisement ☒ Amendment ☒ 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:

11/1/2017-12/31/2017

Has work or services on this contract commenced? ☒ Yes ☐ No

If yes, please explain:

ongoing agreement - Dr Kornet provides veterinary care 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?
If not, will it require a future borrowing?

☒ Yes ☐ No
☐ Yes ☐ No

Has the County Legislature approved the borrowing?

☐ Yes ☐ No

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
CLFC 16000001 - \$3,500.00

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

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.

Signature	Title	Date
-----------	-------	------

Print Name

NIFA

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

Amount being approved by NIFA: _____

Signature	Title	Date
-----------	-------	------

Print Name

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?

No

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.

Dated: 3/30/17

Vendor: M: d Isidoro Anad Kosov D

Signed: [Signature]

Print Name: M. Isidoro Kosov

Title: Owner

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

1. Principal Name Mitchell Kornet
Date of birth 3/4/55
Home address 29 Delaware Ave
City/state/zip Jericho NY
Business address 264 Old County Rd
City/state/zip Hicksville NY
Telephone 516 681 5477
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____

2. Positions held in submitting business and starting date of each (check all applicable)

President 8/12/87 Treasurer _____
Chairman of Board _____ Shareholder _____
Chief Exec. Officer _____ Secretary _____
Chief Financial Officer _____ Partner _____
Vice President _____
(Other) _____

3. Do you have an equity interest in the business submitting the questionnaire?
YES ☒ NO ☐ If Yes, provide details. See attached

4. 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 ☒ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES ☐ NO ☒
If Yes, provide details.

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? YES ___ NO ☒
 If Yes, 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:
- a. 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 ☒ 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.)
- 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 trial or by plea, of 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.
9. 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? YES ☐ NO ☒ 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 listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ☐ NO ☒ If Yes; provide details for each such investigation.
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? YES ☐ NO ☒ If Yes; provide details for each such instance.
12. 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? YES ☐ NO ☒ If Yes, provide details for each such year.

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.

I, Mitchell, 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 19 day of April 2017

Michele Scarazzini
Notary Public

MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 019C6106842
Qualified in Nassau County
My Commission Expires March 15, 2022

Name of submitting business: Mid Island Animal Hospital

By: Mitchell Karsner

Print name

Mitchell Karsner
Signature

Owner
Title

4.19.17
Date

MID ISLAND **ANIMAL HOSPITAL**

264 W. Old Country Road Hicksville, New York 11801
www.midislandvet.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).

Date: 06/02/17

1) Proposer's Legal Name: Mid Island Animal Hospital LLC

2) Address of Place of Business: 264 Old Country Rd., Hicksville, NY 11801

List all other business addresses used within last five years: NONE

3) Mailing Address (if different): _____

Phone : 516-681-5477

Does the business own or rent its facilities? Own

4) Dun and Bradstreet number: _____

5) Federal I.D. Number: 11-2648297

6) The proposer is a (check one): _____ Sole Proprietorship _____ Partnership _____
Corporation ☒ Other (Describe) LLC

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) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, 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, or 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 ☒ 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 ☒

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.

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 ☒

16) For the past (5) tax years, has this business 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? Yes ____ No ☒ 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."**

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.

NO CONFLICT EXISTS

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.

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; 1984
- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner; See attached
- iii) Name, address and position of all officers and directors of the company; See attached
- 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 Huntington Animal Hospital

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

Contact Person Michael Woltz, DVM

Address 317 Ardly Rd.

City/State Scarsdale, NY 10583

Telephone (914) 723-1250

Fax # _____

E-Mail Address _____

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.

I, Mitchell Kornet, DVM, 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

June

2017

Michele Scarazzini
Notary Public

MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC6106842
Qualified in Nassau County
My Commission Expires March 15, 2020

Name of submitting business: Mid Island Animal Hospital

By: Mitchell Kornet DVM

Print

name

Mitchell Kornet DVM

Signature

Owner
Title

6/17/17 Date

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 earned 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/oua/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 Entity: Mid Island Animal Hospital LLC
Address: 264 W. Old Country Road
City, State and Zip Code: Hicksville NY 11801

2. Entity's Vendor Identification Number: _____

3. Type of Business: ☒ Public Corp ☐ Partnership ☐ Joint Venture
☒ Ltd. Liability Co ☐ Closely Held Corp _____ Other (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):

Mitchell Kernet
264 W Old Country Road
Hicksville NY 11801

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.

Mitchell Kernet DVM
264 W. Old Country Rd
Hicksville NY 11801

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.

None

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):

None

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

N/A

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

N/A

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:

3/30/17

Signed:

Michael Kornet

Print Name:

Michael Kornet

Title:

Owner

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. Renewal Term. 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 "Amended Agreement") shall be December 31, 2017, subject to earlier termination as provided for under the Amended Agreement.

2. Maximum Amount. (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 "Amended Maximum Amount"). (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.

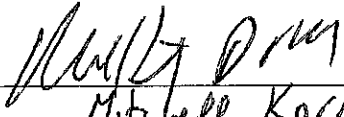
3. Services. Paragraph 2 of the Original Agreement shall be amended to include veterinary, grooming and emergency treatment services for "Leah", in addition to "Umi", both accelerant detection canines assigned to the Fire Marshal's Office, Fire Investigations Division.

4. Full Force and Effect. 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

By: 
Name: Mitchell Kornet
Title: Owner
Date: 3-28-17

NASSAU COUNTY

By: _____
Name: _____
Title: Deputy County Executive
Date: _____

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 28 day of March in the year 2017 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 Nassau; 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.

NOTARY PUBLIC

Michele Scarszo

MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC6106842
Qualified in Nassau County
My Commission Expires March 15, 2020

STATE OF NEW YORK)

)ss.:

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 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 or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

Schedule "A"

Mid Island Animal Hospital

Price Listing

Thursday, October 09, 2014

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: ANESTHESIA SERVICES			305	Semen Collection/Al	\$ 160.00
700	ECG Monitoring Service	\$ 75.00	307	Thyroid autoantibody	\$ 52.00
701	Gas anesthesia-Xrays	\$ 100.00	308	Cardiopet-routine exam	\$ 95.00
702	Gas anesthesia < 25 lbs	\$ 110.00	309	Cardiopet-stet exam	\$ 140.00
703	Gas anesthesia 25-60 lbs	\$ 115.00	Category Name: DENTAL SERVICES		
704	Gas anesthesia > 60 lbs	\$ 125.00	1800	Dental Cleaning	\$ 75.00
705	Gas Anesthesia/addtl hour	\$ 80.00	1801	Dental Cleaning-	\$ 88.00
706	Injectable anesthesia - Cats	\$ 80.00	1802	Dental Cleaning--	\$ 105.00
707	Injectable anesthesia - Dogs	\$ 90.00	1803	Dental Cleaning---	\$ 120.00
708	Tranquilization	\$ 55.00	1804	Oral pre-severe tartar	\$ 135.00
710	Local Anesthesia	\$ 55.00	1805	Extraction(s)	\$ 28.00
711	Electronic anesthesia monitor+	\$ 60.00	1806	Oral Surgery (dental related)	\$ 60.00
712	Oxygen - First Hour	\$ 50.00	1807	Deciduous teeth-extract 1	\$ 55.00
713	Oxygen additional hours	\$ 15.00	1808	Deciduous teeth-extract 2	\$ 80.00
714	Blood pressure monitor & IV	\$ 28.00	1809	Deciduous teeth-extract 3	\$ 105.00
715	Propofol anesthetic	\$ 22.00	1810	Deciduous teeth-extract 4	\$ 120.00
799	*Write In5	\$ 0.00	1811	Surgical tooth extract.-major	\$ 300.00
Category Name: AVIAN-EXOTIC ANIMAL SERVICES			1812	Surgical tooth extract.-inter	\$ 110.00
6000	(PRO.SERV/AVIAN+, 6000-6099)	\$ 0.00	1813	Surgical tooth extract.-simple	\$ 80.00
6499	*Write In14	\$ 0.00	1898	EXTRACTIONS ARE ADDITIONAL	\$ 0.00
Category Name: BOARDING SERVICES			1899	*Write In8	\$ 0.00
1900	(BOARDING FEES, 1900-1920)	\$ 0.00	Category Name: DEWORMING SERVICES		
1901	Canine boarding <25#	\$ 23.00	2100	Deworming - inject. < 15 lbs	\$ 32.00
1902	Canine boarding 25-60#	\$ 29.00	2101	Deworming - inject. 15-30 lbs	\$ 35.00
1903	Canine boarding 61-90#	\$ 32.00	2102	Deworming - inject. 31-60 lbs	\$ 40.00
1904	Canine boarding >90#	\$ 38.00	2103	Deworming - inject. > 60 lbs	\$ 45.00
1905	Medication Fee (1)	\$ 1.00	2105	Deworming - oral	\$ 20.00
1906	Diabetic Boarding-daily fee	\$ 6.00	2106	Deworming - oral (pup/kitt)	\$ 8.00
1907	Feline boarding	\$ 20.00	2107	Deworming-oral(w/Office Visit)	\$ 14.00
1908	Canine boarding c med <25#	\$ 27.00	2199	*Write In1	\$ 0.00
1909	Canine boarding c med 25-60#	\$ 33.00	Category Name: EXAMINATION SERVICES		
1910	Canine boarding c med 61-90#	\$ 37.00	95	Miscellaneous Test/Treatments	\$ 0.00
1911	Canine boarding c med >90#	\$ 42.00	96	Urine Culture Neg	\$ 0.00
1912	Canine diabetic bd 61-90#	\$ 42.00	97	Heartworm Neg	\$ 0.00
1913	Canine diabetic bd >90#	\$ 47.00	98	Facal Floal Neg	\$ 35.00
1914	Feline boarding with med.	\$ 22.00	113	Leptospiira Annual	\$ 35.00
1915	Feline diabetic boarding	\$ 35.00	114	Leptospiira Vacc. #1 of 2	\$ 35.00
1916	Small Animal boarding	\$ 14.00	115	Leptospiira Vacc. #2 of 2	\$ 38.00
1917	Bird boarding	\$ 12.00	116	Lyme Annual Vaccination	\$ 80.00
1918	Ferret Boarding	\$ 33.00	117	Lyme Vacc. Series #1	\$ 80.00
1919	Canine diabetic bd <25#	\$ 35.00	118	Lyme Vacc. Series #2	\$ 33.00
1920	Canine diabetic bd 25-60#	\$ 38.00	120	DA2PCPV Tri- Annual Vaccination	\$ 85.00
1922	Feline Boarding- Day Boarding	\$ 15.00	122	DA2PCPV Puppy 30 day	\$ 95.00
1923	Canine Boarding- Day Boarding	\$ 22.00	124	DA2PCPV Puppy Final 1year	\$ 45.00
1947	Boarding w/ Fluids	\$ 0.00	125	Canine Influenza Vaccine	\$ 23.00
1990	* nights @ \$___ per night +tax	\$ 0.00	128	FVRCP Tri-Annual Vaccination	\$ 65.00
1991	* nights @ \$___ per night	\$ 0.00	129	FVRCP Kitten 30day	\$ 85.00
1999	*Write In9	\$ 0.00	130	FVRCP Kitten Final 1year	\$ 85.00
Category Name: BREEDING SERVICES			131	FVRCP Kitten Vacc. #3 of 3	\$ 35.00
300	Vaginal Smear	\$ 35.00	132	FeLV Tri- Annual Vaccination	\$ 85.00
301	Progesterone Test-	\$ 65.00	133	FeLV 30day	\$ 85.00
302	Progesterone Test	\$ 55.00	134	FeLV 1year	\$ 42.00
303	Semen Analysis (minor)	\$ 45.00	135	FIP Annual Vaccination	\$ 42.00
304	Semen Analysis (major)	\$ 90.00	136	FIP Vacc. Series #1 of 2	\$ 42.00
305	Artificial Insemination (comp)	\$ 160.00	137	FIP Vacc. Series #2 of 2	\$ 85.00
			141	Rabies Vac., Canine 1yr	\$ 33.00
			142	Rabies Vac., Canine 2yr	\$ 33.00

DEF. PRICE includes Pkg Fee, Min Price, and Round Off
* Price of item when used as bundle

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: EXAMINATION SERVICES (Cont.)			2027	Grooming by Professional	\$ 40.00
143	Rabies Vac., Feline 1yr	\$ 38.00	2051	Milaban Dip only + milaban bottle	\$ 70.00
144	Rabies Vac., Feline Kitten	\$ 90.00	2054	Remove mats (routine)	\$ 10.00
145	DA2PCPV + Rabies 1 year vac.	\$ 90.00	2055	Remove mats (severe)	\$ 25.00
146	DA2PCPV + Rabies 2 years vac. with Exam	\$ 90.00	2099	*Write In/0	\$ 0.00
149	FVRCP, Rabies 1 year, FeLV vac.	\$ 90.00	Category Name: HOSPITALIZATION SERVICES		
150	FVRCP, Rabies, FeLV vac.	\$ 105.00	92	Technician Overnight Sun. 12pm- on	\$ 350.00
154	Ferret Distemper Vaccine	\$ 60.00	93	Technician Overnight Sat. 5 pm on	\$ 275.00
155	Ferret Rabies Vaccine	\$ 60.00	94	Technician Overnight Service	\$ 200.00
157	Ferret Rabies 1yr, Distemp. vac	\$ 78.00	101	Fungal Culture - Negative	\$ 0.00
159	Bordetella Vaccination	\$ 38.00	456	Fresh Frozen Plasma 1 unit	\$ 160.00
160	Bordetella-without other serv.	\$ 48.00	1600	(FLUID THERAPY, 1600-1619)	\$ 0.00
161	Lyme Vaccination w/ other vac.	\$ 38.00	1601	Blood Transfusion Cat-type A bloodbank	\$ 295.00
162	Lyme Series #1 w/ other vac.	\$ 38.00	1602	Blood Transfusion Dog- single unit	\$ 195.00
163	Lyme Series #2 w/ other vac.	\$ 38.00	1603	Fluid Therapy IV First Bottle	\$ 72.00
164	DA2P-CPV Vaccine	\$ 40.00	1604	Fluid Therap Addtl Bottles	\$ 18.00
165	FVR-CP Vaccine (mlv)	\$ 35.00	1605	Fluid Therapy-daily care	\$ 50.00
166	Leukocell (FeLV) Vaccine	\$ 35.00	1606	Extension Set	\$ 4.00
167	FeLV w/other vaccines	\$ 30.00	1607	Jugular Catheter	\$ 45.00
169	Rabies Vaccination, Canine 1yr	\$ 35.00	1608	Fluid therapy - burette	\$ 25.00
170	Rabies Canine w/other vaccines	\$ 30.00	1609	Subcutaneous Fluids	\$ 35.00
171	Rabies Feline w/other vaccines	\$ 30.00	1610	Fluids-Irrigation 500 ml bottl	\$ 10.00
173	DA2PCPV + RV1 vaccine	\$ 50.00	1611	T- connector	\$ 5.00
174	DA2PCPV + RV2 vaccine	\$ 50.00	1612	I.V. Adapter cap	\$ 4.00
175	FVR-CP + RV1	\$ 58.00	1613	Catheter cap	\$ 4.00
176	FVR-CP + RV2	\$ 58.00	1614	Burette	\$ 22.00
190	Corona vaccine	\$ 25.00	1615	IV catheter placement	\$ 65.00
191	Corona vaccine with other vac.	\$ 12.00	1616	IV catheter placement	\$ 126.00
192	Rabies Vaccine 1yr canine	\$ 45.00	1617	Central Ven Press. measurement	\$ 65.00
193	Canine Rabies 2 years	\$ 45.00	1618	Blood Transfusion Dog- double unit	\$ 285.00
194	Feline Rabies 1 year	\$ 45.00	1620	(DAILY CARE FEES, 1620-1639)	\$ 0.00
195	Feline Rabies 2 years	\$ 45.00	1621	Day Patient Care	\$ 45.00
199	*Write In/0	\$ 0.00	1622	Cats Hospitalization	\$ 60.00
3230	Proheart 1-10#	\$ 24.00	1623	Dogs < 21 lbs Hospitalization	\$ 62.00
3231	Proheart 10.1- 20#	\$ 39.00	1624	Dogs 21-50 lbs Hospitalization	\$ 65.00
3233	Proheart 30.1- 40#	\$ 45.00	1625	Dogs > 51 lbs Hospitalization	\$ 70.00
3234	proheart 40.1-50 #	\$ 50.00	1626	Ferret Hospitalization	\$ 60.00
3258	Proheart 60.1- 70#	\$ 58.00	1627	Bird or Lab Animal Hospit.	\$ 45.00
3259	Proheart 70.1-80#	\$ 62.00	1628	Catheter placement-IV	\$ 80.00
3260	Proheart 80.1-90#	\$ 62.00	1629	<Day Care-Reserved 1629-1639>	\$ 0.00
3261	Proheart 90.1-100#	\$ 51.00	1630	Intensive care	\$ 150.00
3315	Proheart 100.1-150#	\$ 70.00	1640	(HOSPITAL INJECT., 1640-1659)	\$ 0.00
3450	Proheart > 150#	\$ 95.00	1659	Additional Injections	\$ 12.00
		\$ 110.00	1699	*Write In/	\$ 0.00
Category Name: GROOMING-BATHING SERVICES			Category Name: INVENTORY-INHOUSE-EXPENDABLES		
2000	Bath Medicated 20 lbs or less	\$ 38.00	4300	(INVENTORY, 4300-4399)	\$ 0.00
2001	Bath Medicated 21 to 50 lbs	\$ 40.00	4301	(FLUIDS, 4301-4399)	\$ 0.00
2002	Bath Medicated 51 to 80 lbs	\$ 42.00	4325	Collar 10" and 12"	\$ 8.00
2003	Bath Medicated 81 lbs or more	\$ 46.00	4326	Collar 15" through 30"	\$ 10.00
2004	Bath-Cosmetic	\$ 35.00	4327	Ringers Lactated 1000ml (bag)	\$ 7.00
2005	Bath- boarding	\$ 24.00	4328	DAP Collar Small	\$ 42.00
2006	Ear Cleaning & Nails	\$ 25.00	4329	DAP Collar Med-Lg.	\$ 48.00
2007	Bath Medicated Feline	\$ 35.00	4400	(MAINTAVARD SUP., 4400-4499)	\$ 0.00
2011	Bath - medicated more than 80#	\$ 44.00	4500	(HOSP/GEN.MED SUP, 4500-4649)	\$ 0.00
2012	Bath-lyme sulfer	\$ 45.00	4517	Syringe-insulin U40 Box	\$ 24.00
2013	Bath-Dermazole shampoo	\$ 60.00	4518	Butterfly 21ga	\$ 2.00
2023	Groom- shavs all hair per hour	\$ 70.00	4519	Syringe tuberculin	\$ 0.50
2024	Groom - therapeutic/major	\$ 40.00	4520	Syringe 5-12cc	\$ 1.00
2025	Groom - therapeutic/minor	\$ 20.00	4521	Syringes 35-60cc	\$ 2.00

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PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: INVENTORY-INHOUSE-EXPENDABLES (Cont.)					
4522	Syringes 3cc 22g or 20g	\$ 0.75	436	HEMATOLOGY, 436-460	\$ 0.00
4555	Pill Gun	\$ 6.00	437	Enrichia canis filter	\$ 122.00
4557	Needles box 18g x 1" -100	\$ 18.00	438	Buffy Coat	\$ 85.00
4558	Needles 18g x 1"	\$ 0.30	439	CBC (complete blood count)	\$ 60.00
4559	Needle 20ga x 1"	\$ 0.25	440	Eosinophil Count	\$ 30.00
4592	Venocet 73"	\$ 4.00	441	PCV (hematocrit)	\$ 23.00
4650	(LABORATORY SUP., 4650-4799)	\$ 0.00	442	PCV Serial	\$ 16.00
4800	(OFFICE/COMPUTER, 4800-4899)	\$ 0.00	443	Iron Profile	\$ 80.00
4900	(RADIOLOGY SUP., 4900-4999)	\$ 0.00	444	Platelet Count	\$ 35.00
4999	Write-Off Services	\$ 0.00	445	Preanesthetic Blood Screen	\$ 37.00
Category Name: LABORATORY SERVICES					
391	Cholesterol	\$ 40.00	446	Reticulocyte Count	\$ 47.00
392	Aldosterone Level	\$ 132.00	447	Van Willebrand's Titer	\$ 154.00
393	ACTH Response- Feline	\$ 72.00	448	Hyperthyroid check (1135)	\$ 92.00
393	ACTH Response- Feline	\$ 130.00	449	Protein/Creatinine ratio (363)	\$ 95.00
394	Canine Influenza Titer Cornell	\$ 80.00	450	Tritrichomonas PCR (inc. shipping)	\$ 93.00
395	Disiemper (IgG,IgM) Antech T555	\$ 113.00	451	PCR GI Profile - Feline	\$ 170.00
396	Leplo PCR Blood & Urine T978	\$ 140.00	452	I-Stat EC8 blood chemistry	\$ 68.00
397	Leplo PCR Urine T976	\$ 95.00	453	Wisdom Panel	\$ 180.00
398	Leplo Blood T974	\$ 95.00	454	Blood Processing Fee	\$ 55.00
399	Culture & Sens Combo Aerobic & Anaerobic	\$ 196.00	457	Immunophenotypic Staining VDX Diagnostic	\$ 240.00
400	(BLOOD CHEMISTRY, 400-435)	\$ 0.00	458	Znitsamide Level- Antech	\$ 191.00
401	Alkaline Phosphatase	\$ 40.00	459	PCR GI Profile - Canine	\$ 196.00
402	Amylase	\$ 40.00	460	PLI test-idxx Feline test 2493	\$ 72.00
403	Bilirubin (direct)	\$ 43.00	461	(MICROBIOLOGY, 461-479)	\$ 0.00
404	Bilirubin (total)	\$ 43.00	462	Culture & Sens.-Aerobic	\$ 88.00
405	TLI Feline Antech S16800	\$ 80.00	463	Culture & Sens.-bacterial (Urine)	\$ 88.00
406	BUN (azo-slix)	\$ 17.00	464	Culture-fungus in house	\$ 55.00
407	Calcium	\$ 45.00	465	TLI Canine Antech T230	\$ 156.00
408	accu Plex 4	\$ 43.00	466	TLIB12/Folate Antech SA160 (Canine)	\$ 135.00
409	Cholinesterase	\$ 106.00	467	Culture-anaerobic	\$ 116.00
410	Creatinine	\$ 50.00	468	Culture-Salmonella/Campyl.	\$ 132.00
411	Fructosamine test -diabetics	\$ 86.00	469	Culture-Blood	\$ 61.00
412	Glucose (sugar)	\$ 40.00	470	Culture-fungus swab (ANTECH)	\$ 122.00
413	Calcium-ionized	\$ 92.00	471	Cortisol/creat ratio (361)	\$ 109.00
414	Lipase (pancreas)	\$ 47.00	472	Free T4	\$ 90.00
415	Calcium-ionized & PTH(S16595)	\$ 164.00	473	Protein C test-Cornell U	\$ 145.00
416	Phosphorus	\$ 43.00	474	TLI B12 Folate Texas Feline	\$ 106.00
417	Potassium	\$ 40.00	475	Lyme C6 test	\$ 115.00
418	CBC, Miniscreen (910)	\$ 75.00	476	BNP Cardiac Test	\$ 127.00
419	CBC, SMA, UA	\$ 143.00	477	TLIB12/Folate Antech SA275 (Feline)	\$ 43.00
420	SMA Profile (major)	\$ 103.00	478	Triglyceride	\$ 122.00
421	CBC, SMA Profile	\$ 74.00	479	Culture-fecal Sal,Camp,Shig,Ye	\$ 0.00
422	Miniscreen blood test (911)	\$ 40.00	480	(PARASITOLOGY, 480-499)	\$ 30.00
423	Total Protein	\$ 58.00	481	Ear Mite Swab	\$ 38.00
424	BUN/Creatinine	\$ 139.00	482	Fecal Examination	\$ 43.00
425	PTH	\$ 63.00	483	Fecal antech laboratory T805	\$ 55.00
426	Sodium and Potassium	\$ 81.00	484	Giardia Elisa	\$ 57.00
427	Bile Acids-pre	\$ 123.00	485	Heartworm Microfilaria Knotts Test T390	\$ 43.00
428	Bile Acids pre+post	\$ 118.00	486	Heartworm Exam (occult)	\$ 52.00
429	Glucose-serial exam (ANTECH)	\$ 18.00	487	Fecal-float and giardia elisa (test 405)	\$ 35.00
430	Glucose-serial in house	\$ 143.00	488	Skin Scraping	\$ 47.00
431	Lead level-blood	\$ 132.00	489	Hamobartonella	\$ 35.00
432	Clostridium enterotoxin	\$ 90.00	490	Ear cytology slide	\$ 40.00
433	D-Dimer	\$ 122.00	491	Albumin	\$ 79.00
434	Pro BNP Test	\$ 191.00	492	Heartworm test - feline	\$ 71.00
435	PTH-RP		493	Fecal-Occult Blood	\$ 81.00
			494	Biopsy-margin evaluation	\$ 139.00
			495	Fanconi Urine Test	\$ 212.00
			496	Fecal Pathogen (Antech cascade SA350)	\$ 92.00
			497	Fecal Direct	\$ 122.00
			498	Fecal Baerman	

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PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: LABORATORY SERVICES (Cont.)			555	Thyroid=FT4,T4,TSH,AutoAntibody (SA400)	\$ 196.00
499	Histopathology Lymphoma Profile VOX	\$ 350.00	557	Blood Collecting Fee	\$ 45.00
500	(PATHOLOGY, 500-519)	\$ 0.00	558	Cryptococcus titer	\$ 122.00
501	Bone Marrow Exam/incl. collect	\$ 240.00	559	Fungal profile serology	\$ 111.00
502	Cytology and aspirate	\$ 81.00	560	T4-Post post medication (4-6 hours)	\$ 56.00
503	Fluid analysis & cytology	\$ 164.00		T496	
504	Fluid analysis and collection	\$ 191.00	561	FAVN Rabies Antibody Titer KSU w/o ship	\$ 200.00
505	Histopathology (biopsy)	\$ 113.00	562	Lyme & RMSF titer-Antech381	\$ 101.00
506	Histopathology (skin-biopsy)	\$ 175.00	563	Toxoplasmosis IgG/IgM (132B)	\$ 122.00
507	Histopathology- Biopsy extra sections	\$ 52.00	564	Mastatory myositis test 1207	\$ 228.00
508	Histopathology-Cornell University/Ideco	\$ 165.00	565	Toxoplasmosis IgG/IgM CSU	\$ 110.00
509	Necropsy Service < 30 pounds	\$ 350.00	566	Distemper/Parvo titer T566	\$ 108.00
510	Necropsy Service 30-60 lbs	\$ 350.00	567	Thyroid Profile T4,FT4 SA370	\$ 122.00
511	Necropsy Service 60 lbs +	\$ 350.00	568	Cortisol level	\$ 68.00
512	B-12 (Antech 838)	\$ 72.00	569	Babesia canis titer	\$ 122.00
513	Aspirate	\$ 32.00	570	(TOXICOLOGY, 570-579)	\$ 0.00
514	Bartonella western blot test	\$ 52.00	571	Digoxin Assay	\$ 62.00
515	PLI -canine (Ideco) (test 1849)	\$ 70.00	572	Phenobarbital level	\$ 94.00
516	PCR for FIP Antech T600	\$ 165.00	573	B12/Folate Assay (Antech S16195)	\$ 87.00
517	Biopsy-surgical margin eval.	\$ 81.00	574	Helicobacter test	\$ 79.00
518	Thyroglobulin Auto Antibody Test (T505)	\$ 85.00	575	FIP Elisa (7B) proteins	\$ 57.00
519	Mast Cell Markers (AMC)	\$ 400.00	576	Urinalysis-specific gravity	\$ 21.00
520	Mast Cell Marker and Biopsy (AMC)	\$ 495.00	577	Cytology-ear	\$ 35.00
521	Acetylcholine receptor test	\$ 240.00	578	Blood type	\$ 75.00
522	ACTH response test	\$ 85.00	579	Blood crossmatch	\$ 80.00
522	ACTH response test	\$ 143.00	580	(UROLOGY, 580-597)	\$ 0.00
523	Cortrosyn (per 0.10ml)	\$ 58.00	581	Urinalysis (complete)	\$ 43.00
524	Dexamethasone Suppression test	\$ 162.00	581	Urinalysis (complete)	\$ 10.00
525	Allergy Testing-IgE	\$ 175.00	582	Urinalysis (Ketodastix)	\$ 20.00
526	Coombs test	\$ 106.00	583	Urinalysis (multistix)	\$ 66.00
527	Brucellosis Titer	\$ 85.00	584	FIP titer	\$ 110.00
528	PCR Flea/Tick Borne Assay - Canine	\$ 180.00	585	Blood type and crossmatch	\$ 21.00
529	PCR Flea/Tick Borne Assay - Feline	\$ 180.00	586	Urine Specific Gravity	\$ 83.00
530	ANA-antinuclear antibody test	\$ 95.00	587	Stone analysis	\$ 42.00
531	Cytology (in house)	\$ 36.00	588	PT	\$ 40.00
532	FIV-Western Blot Test	\$ 175.00	589	PTT	\$ 89.00
533	Feline Leukemia (Elisa)	\$ 57.00	590	PT/PTT	\$ 90.00
534	Feline Leukemia (FA) Test	\$ 101.00	591	GGT/Creatinine Ratio (code TS30)	\$ 110.00
535	FIV Test	\$ 46.00	592	Fibrinogen and D-dimer	\$ 25.00
536	FIV/FelV Test	\$ 65.00	593	FSP	\$ 166.00
537	Insulin/Glucose ratio	\$ 149.00	594	PT,PTT,Plate.,Fibrin,D-Dimer	\$ 83.00
538	Parathormone/Calcium (Michigan)	\$ 110.00	595	PT, PTT (SCA20000)	\$ 79.00
539	Lepidospiriosis Titer-Cornell	\$ 110.00	596	Fel Ser II(FIV,FelV,FIP,Toxo)	\$ 117.00
540	Adrenal Profile Test-Tennessee	\$ 275.00	597	Thyroid test-free T4 by dialys	\$ 143.00
541	Parvovirus Antigen	\$ 101.00	598	Potassium Bromide Level	\$ 0.00
542	Protein Electrophoresis	\$ 148.00	599	*Write In3	\$ 55.00
543	Rheumatoid Factor	\$ 59.00	610	PLI- Canine/Feline snap test	\$ 220.00
544	Fecal alpha 1 protease inhibitor	\$ 145.00	624	Flow Cytometry- CSU + ship	\$ 65.00
545	CPK serology #014	\$ 43.00	631	ACTH Resp. 4 hrs & 5 hrs Post	
546	Lyme IgG	\$ 85.00		Trilostane	\$ 143.00
547	Lyme IgG/IgM	\$ 80.00	631	ACTH Resp. 4 hrs & 5 hrs Post	
548	Tick SerI-SA330 LY,RMSF,Ecanis	\$ 154.00		Trilostane	\$ 262.00
549	PCR Hemoplasma Panel Feline	\$ 101.00	676	Fungal Histoplasmosis Ag-Urine	\$ 125.00
550	Zinc Test	\$ 154.00	685	Trichomonas Fecal-PCR to Texas	
551	T4	\$ 63.00	Category Name: MEDICATIONS DISPENSED-OTC		
552	T3	\$ 175.00	91	Reporting Fee	\$ 4.00
553	Thyroid profile-TSH,FT4,T4 Test (SA390)	\$ 223.00	2200	Aerokat	\$ 85.00
554	Lyme Western: Biol test	\$ 57.00	2201	Albon tabs 250mg	\$ 15.00
555	Rocky Mountain Spotted Fever		2202	Albon Liquidin	\$ 15.00
			2203	Albon Tabs 125mg	\$ 15.00

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Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
2204	Amoxi-Drops 50mg/ml 15ml	\$ 15.00	2287	Primor 120	\$ 15.00
2205	Amoxi-Drops 50mg/ml 30ml	\$ 18.00	2288	Trimethoprim Sulfa Tabs 120mg	\$ 15.00
2206	Aluminum Hydroxide Powder 20dram	\$ 15.00	2289	Trimethoprim Sulfa Tabs 480mg	\$ 15.00
2207	Ammonil 500mg 1000cl	\$ 90.00	2290	Enrolloxacin 5	\$ 15.00
2208	Amoxicillin Tabs 100mg	\$ 15.00	2291	Baytril 22.7mg	\$ 15.00
2209	Amoxicillin Tabs 150mg	\$ 15.00	2292	Baytril 68 mg	\$ 15.00
2210	Amoxicillin Tabs 200mg	\$ 15.00	2293	Delete in January	\$ 125.00
2211	Amoxicillin Tabs 400mg	\$ 15.00	2294	Enalapril 2.5 mg	\$ 15.00
2212	Ampicillin Caps 250mg	\$ 50.00	2295	Enalapril 5 mg	\$ 15.00
2213	Ampicillin Caps 500mg	\$ 60.00	2296	Enalapril 10mg	\$ 15.00
2214	Allerderm Spot On	\$ 39.00	2297	Orbax 22.7	\$ 15.00
2219	Clindamycin Tablet 25mg	\$ 15.00	2298	Orbax 68mg	\$ 15.00
2220	Antirobe Caps 75mg	\$ 15.00	2299	Enalapril 20mg	\$ 15.00
2221	Antirobe 150mg	\$ 15.00	2300	Zeniquin 25 mg	\$ 15.00
2222	Clindamycin 150mg	\$ 12.00	2301	Zeniquin 50 mg	\$ 15.00
2223	Clindamycin Drops	\$ 15.00	2302	Zeniquin 100 mg	\$ 15.00
2224	Cefa Tabs 50mg	\$ 15.00	2303	Zeniquin 200 mg	\$ 15.70
2225	Cefa Tabs 100mg	\$ 15.00	2351	Aminophylline Tabs 100mg	\$ 15.00
2226	Cefa Tabs 200mg	\$ 14.00	2352	Cardoxin .15mg/ml (red)	\$ 18.00
2227	Cefadrops 15ml	\$ 12.00	2353	Cardoxin L/S .05mg/ml (grn)	\$ 18.00
2228	Cerumila	\$ 12.00	2354	Tussigon Tablets 5 mg	\$ 19.00
2229	Clindamycin 75mg	\$ 18.00	2355	Hydrocodone Syrup /oz	\$ 9.00
2230	Chloramphenicol Palmatala 100mg/ml per oz	\$ 15.00	2356	Sulfasalazine	\$ 118.00
2231	Chloramphenicol Tabs 50mg	\$ 15.00	2357	Adequan	\$ 15.00
2232	Chloramphenicol Tabs 100mg	\$ 15.00	2358	Mirtazapine 15mg	\$ 15.00
2233	Chloramphenicol Tabs 250mg	\$ 12.00	2359	Lasix Tabs 12.5mg	\$ 15.00
2234	Chloramphenicol Tabs 500mg	\$ 15.00	2360	Lasix Tabs 50mg	\$ 15.00
2235	Chloramphenicol Tabs 1 gm	\$ 15.00	2361	Hypotimmune serum	\$ 150.00
2236	Clavamox Tabs 62.5mg	\$ 15.00	2362	Hydroxyurea 500mg Capsules	\$ 15.00
2237	Clavamox Tabs 125mg	\$ 15.00	2363	Mirtazapine 7.5mg	\$ 15.00
2238	Clavamox Tabs 250mg	\$ 14.00	2364	Lasix 40mg	\$ 15.00
2239	Clavamox Tabs 375mg	\$ 28.00	2365	Lasix 20mg	\$ 112.00
2240	Clavamox Drops	\$ 30.00	2400	Trifexis 5 -10#	\$ 115.00
2241	Cefadrops 50 ml	\$ 55.00	2401	Trifexis 10.1-20#	\$ 120.00
2242	Stentrol 20ml	\$ 15.00	2402	Trifexis 20.1 - 40#	\$ 122.00
2243	Cerenia 24 mg 4 tablet/pk	\$ 28.00	2403	Trifexis 40.1-60 #	\$ 125.00
2244	Cerenia 60 mg 4 tablet/pk	\$ 38.00	2404	Trifexis 60.1-120 #	\$ 7.00
2245	Cerenia 160 mg 4 tablet/pk	\$ 109.00	2405	Arquel tablets 20 mg	\$ 13.00
2246	Stentrol 50ml	\$ 15.00	2406	Bene-Bac	\$ 54.00
2247	Cerenia 16mg 4 tablet pkg	\$ 0.00	2408	Frontline Plus dog 23 to 44 #	\$ 51.00
2253	<Open>0	\$ 35.00	2410	Frontline Plus Cats	\$ 53.00
2250	Veraflox 25mg/ml 15ml	\$ 15.00	2413	Frontline Plus dogs up to 22#	\$ 55.00
2262	Metronidazole Suspension 50mg/ml per oz.	\$ 15.00	2414	Frontline Plus dogs 43- 68 #	\$ 58.00
2264	Metronidazole 250mg	\$ 15.00	2415	Frontline Plus dogs 89-132 #	\$ 62.00
2265	Metronidazole 500mg	\$ 15.00	2417	Nex Gard 10.1 - 24# 3 month	\$ 63.00
2266	Lysodren	\$ 15.00	2418	Nex Gard 24.1-30 # 3 month	\$ 64.00
2268	Metronidazole 62.5 mg tablet	\$ 32.00	2419	Nex Gard 60.1 - 121 # 3 month	\$ 15.00
2274	Cephalexin oral suspension 250/5ml bil.	\$ 15.00	2452	Acepromazine Tabs 10mg	\$ 15.00
2276	Cephalexin 500mg	\$ 15.00	2453	Acepromazine Tabs 25mg	\$ 15.00
2277	Cephalexin CAPSULES 250mg	\$ 15.00	2454	Filaribits 60 mg	\$ 15.00
2278	Tetracycline Caps 250mg	\$ 15.00	2455	Filaribits 120 mg 100 tablets	\$ 19.00
2279	Tetracycline Caps 500mg	\$ 15.00	2456	Filaribits 180 mg	\$ 15.00
2280	Primor 240	\$ 15.00	2461	Chlorpheniramine Tabs 4mg	\$ 19.00
2281	Primor 600	\$ 15.00	2481	Phenobarbital Tabs 1/4gr	\$ 19.00
2282	Primor 1200	\$ 12.00	2482	Phenobarbital Tabs 1/2gr	\$ 19.00
2283	Tribrissen Ora. Susp. 49mg/ml	\$ 12.00	2483	Phenobarbital 1gr	\$ 5.00
2284	Tribrissen Tabs 20mg	\$ 12.00	2484	Phenylbutazone Tabs 100mg	\$ 40.00
2285	Tribrissen Tabs 120mg	\$ 12.00	2485	Potassium Bromide 10oz.	\$ 15.00
			2486	Zonisamide 25mg	\$ 15.00
			2487	Zonisamide 100mg	\$ 35.00
			2488	Gentle Leader Kit	\$ 4.00
			2489	HoSorb	\$ 9.00
			2490	Glucotest Purine Feline 1pk9	

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
2491	Valium Tabs	\$ 9.00	2600	Malakal Wipes 50cl	\$ 15.00
2492	Oxyglobin 125 ml	\$ 210.00	2601	Panalog Ointment 15ml	\$ 14.00
2493	Sucralate tablets	\$ 15.00	2602	Panalog Ointment 30 ml	\$ 24.00
2494	Genesis Spray	\$ 31.00	2603	Mupirocin Oint. 2% 22g	\$ 20.00
2496	Syringe filled with medication	\$ 8.00	2604	Neo-Poly-Dex drops	\$ 21.00
2497	DMSO	\$ 15.00	2605	Neo-Poly-Dex Oint. Dexasporin	\$ 24.00
2498	Potassium Bromide 250mg / 60 tablets	\$ 24.00	2606	Dexamethasone ophthalmic drops	\$ 24.00
2499	Glycoflex 250 tablets	\$ 20.00	2607	Neo-poly Gramicidin Drops 10ml	\$ 25.00
2500	Oral Cleansing Gel	\$ 15.00	2616	Tresaderm Solution 15ml	\$ 29.00
2501	Timenlin antibiotic--bottle	\$ 32.00	2700	Percortin-V and syngas	\$ 220.00
2502	Melecam	\$ 24.00	2701	Pellidol	\$ 12.00
2503	Enlayt-F 100ml Pump	\$ 33.00	2702	Doxepin 10mg	\$ 15.00
2504	Morphine CR1/day	\$ 23.00	2703	Doxepin 25mg	\$ 15.00
2505	Butorphanol CR1	\$ 23.00	2704	Doxepin 50 mg	\$ 15.00
2506	Atopica 10mg	\$ 37.00	2705	Doxepin 75mg	\$ 4.50
2507	Atopica 25mg	\$ 41.00	2707	Buprenex syringe	\$ 105.00
2508	Atopica 50mg	\$ 64.00	2708	Doxitrope application	\$ 15.00
2509	Atopica 100mg	\$ 105.00	2709	Prazosin 1mg capsule	\$ 42.00
2510	Suspension, Chicken Flavored 1oz	\$ 7.00	2750	Miltaban dip bottle	\$ 8.00
2511	Onsior 6mg packet/3 tablets	\$ 15.00	2751	Eyewash	\$ 14.00
2512	Atopica for Cats 5 ml vial	\$ 45.00	2752	Injection-Doxycycline 100 mg vial	\$ 30.00
2513	Miltazapine 7.5mg/ml BML	\$ 18.00	2753	Cefotixin Bottle	\$ 30.00
2515	Apoquel 3.6mg	\$ 15.00	2754	Ampicillin w/Sulbasolam 1.5g w/prep +in	\$ 15.00
2516	Apoquel 5.4 mg	\$ 15.00	2799	Simplicef 200	\$ 15.00
2517	Apoquel 16 mg	\$ 10.00	2800	Simplicef 100mg	\$ 15.00
2555	Bitter Apple 8 oz.	\$ 105.00	2801	Artificial Tears Opt. Soln	\$ 15.00
2557	Tylan	\$ 15.00	2802	Artificial Tears ointment	\$ 32.00
2558	Cyproheptadine 4mg.	\$ 15.00	2805	Atropine Opt. Ointment 1%	\$ 35.00
2559	Hydroxyzine 10 mg.	\$ 15.00	2806	Pallacosie serum liter	\$ 13.00
2560	Hydroxyzine 25 mg.	\$ 15.00	2807	Chloramphen Opt. 1% 3.5mg	\$ 15.00
2561	Hydroxyzine 50 mg.	\$ 15.00	2808	Chloramphen Opt. Soln 0.5%	\$ 15.00
2562	Lomolt	\$ 15.00	2809	Metoclopramide	\$ 9.00
2563	Medizine 25 mg.	\$ 27.00	2810	Bur-Otic	\$ 10.00
2564	Tylan 25 bottle	\$ 12.00	2811	Bur-Otic HC	\$ 14.00
2568	Cyproheptadine Syrup/ounce	\$ 9.00	2813	Gentocin (only) Opt. Soln	\$ 9.00
2569	Loperamide 2mg	\$ 90.00	2814	Gentocin Durafilm Opt. Soln	\$ 14.00
2572	Procrit	\$ 15.00	2815	Gentocin Opt. Ointment	\$ 14.00
2573	Torbutrol 5mg	\$ 15.00	2816	Gentocin Opt. Soln 7.5ml	\$ 18.00
2575	Hydroxyzine 100mg	\$ 15.00	2817	Gentocin Opt. and DMSO	\$ 18.00
2576	Goodwinol Ointment 1oz	\$ 55.00	2818	Olomax	\$ 15.00
2578	Clinicare Liquid case 12	\$ 8.00	2819	Gentocin Opt. 15 ml	\$ 34.00
2579	Clinicare Liquid Can	\$ 10.00	2820	Mometamax	\$ 36.00
2580	Liquichlor Ointment 10ml	\$ 15.00	2821	EasOtic 10 Mi	\$ 31.00
2581	Lactulose syrup - 1/4 ounces	\$ 8.00	2822	Surofen 15ml	\$ 5.00
2582	Milox Liquid 12ml	\$ 16.00	2824	Neo-Calglucon syrup	\$ 21.00
2583	Dibenzyline 2.5mg	\$ 16.00	2825	Diclofenac Solution 2.5ml	\$ 12.00
2584	Lactulose syrup-bottle	\$ 7.00	2828	Vetropolyclin Opt. Ointment 3.5g	\$ 13.00
2585	Otilazem transdermal/syringe	\$ 33.00	2856	Adams Flea Dip 4oz	\$ 9.00
2586	Nolvadent 4oz.	\$ 15.00	2862	Adams Flea Off Dual II 3oz	\$ 14.00
2587	Dibenzyline 5mg capsules	\$ 13.00	2866	Adams Flea Off Mist 16oz	\$ 80.00
2590	T2 Keto Flush	\$ 12.00	2867	Clomicalm 20 mg bottle 30 cl	\$ 44.00
2591	Chlorhexiderm Otic Soln. 4oz	\$ 21.00	2868	Clomicalm 5mg bottle 30 cl	\$ 78.00
2592	MalAcetic Otic 8 fl.oz.	\$ 19.00	2869	Clomicalm 80mg bottle 30cl	\$ 24.00
2593	Oti-clens 4oz	\$ 14.00	2870	Prednisolone Acetate Drops	\$ 4.00
2594	Pyoben Gel 1oz	\$ 14.00	2901	Domeboros solution	\$ 12.00
2595	TrizEDTA 4fl.oz.	\$ 13.00	2902	DuraKyl Dip 4oz	\$ 44.00
2596	Pan Otic 2oz	\$ 15.00	2953	Miconazole Shampoo	\$ 14.00
2597	Digoxin tablets	\$ 14.00	2974	Secrol Two-Way Flea foam	\$ 12.00
2598	Animax/EntoDerm Ointment	\$ 13.00	2975	Secrol Two-Way Pet Spray 15oz	\$ 35.00
2599	Malaseb Pledgels 60 cl	\$ 13.00	2976	Preventic Dog Tick collar	\$ 135.00
			3001	MCT Oil	\$ 12.00
			3012	V-Kem dip	\$ 16.00
			3020	V-Kem Sipha + Fogger 12oz	\$ 16.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
3021	Knockout premise spray	\$ 12.00	3333	C.E.T. Toothbrush	\$ 5.00
3030	VIP CAT DIP	\$ 13.00	3334	C.E.T. Chews Canine Medium	\$ 15.00
3032	Feline d/d 8.5#	\$ 49.00	3335	C.E.T. Toothpaste	\$ 11.00
3033	Feline M/D 5.5 oz. 24 cans/case	\$ 37.00	3336	C.E.T. fingerbrush	\$ 6.00
3100	Cosequin DS#132	\$ 72.00	3338	C.E.T. Chews Canine large 30cl	\$ 19.00
3101	Baytril Injectable	\$ 35.00	3338	C.E.T. Cat Oral Hygiene Kit	\$ 10.00
3102	Cosequin- small animals	\$ 58.00	3339	C.E.T. Chews Petite 24ea	\$ 9.00
3103	Baytril Otic	\$ 23.00	3340	C.E.T. Chews CATS 30cl.	\$ 18.00
3104	Cosequin for Cats	\$ 27.00	3341	C.E.T. Chews XLG 30 cl	\$ 30.00
3105	ArthrMax for Cats 6 oz.	\$ 39.00	3342	MAI-A-Ket Shampoo 8 fl oz.	\$ 17.00
3106	Dasuquin for Cats 84cl	\$ 32.00	3343	BPO-3 Medicated Shampoo	\$ 13.00
3107	Dasuquin Sm-Med Dog 150cl	\$ 82.00	3344	Chlorhexidine Shampoo 4%	\$ 15.00
3108	Dasuquin LG. Dog 150 cl.	\$ 94.00	3345	TrizChlor 4 Spray 8oz	\$ 15.00
3115	Centrine Tabs 0.2mg	\$ 10.00	3398	Vitamin K Tablet 5mg	\$ 15.00
3122	Laxalone 2.5oz	\$ 9.00	3399	Vitamin K Tablets 25 mg	\$ 15.00
3129	Tagamet Tabs 200mg	\$ 1.20	3400	Theophylline CR 200mg	\$ 15.00
3130	Tagamet 300mg	\$ 1.30	3401	Theophylline CR 300mg	\$ 15.00
3131	Mephyton Tablets	\$ 9.00	3402	Theophylline extend 100mg	\$ 15.00
3133	Pancreazyme Powder 6oz	\$ 125.00	3403	B-12 Injectable 100ml bottle	\$ 15.00
3134	Pancreazyme 12 oz	\$ 175.00	3404	B 12 Injectable 10ml v/syringes	\$ 20.00
3135	Viokase Tabs 425mg	\$ 0.00	3405	Meropenem 500mg/vial	\$ 20.00
3137	Miconazole Lotion	\$ 16.00	3410	Staph Lysate Inj	\$ 118.00
3138	Pat-Tinic	\$ 15.00	3411	Synotic 8 ml	\$ 22.00
3223	Heartgard 1-25#	\$ 38.00	3412	Synotic with Banamine	\$ 24.00
3224	Heartgard 26-50#	\$ 47.00	3414	Synotic (10ml) with Baytril 10(ml)	\$ 62.00
3225	Heartgard 51-100#	\$ 53.00	3417	Optixcare	\$ 15.00
3232	Proheart 20.1-30#	\$ 42.00	3418	Autologous Serum	\$ 70.00
3235	Proheart 50.1-60#	\$ 54.00	3451	Tobramycin 5ml	\$ 24.00
3236	Sentinel 2 to 10#	\$ 48.00	3457	Dronal Plus Small 2-25#	\$ 15.00
3237	Sentinel 11 to 25#	\$ 50.00	3458	Dronal Plus Medium 26-60#	\$ 16.40
3238	Sentinel 26 to 50#	\$ 58.00	3459	Dronal Plus Large > 45#	\$ 29.30
3239	Sentinel 51 to 100#	\$ 58.00	3480	Panacur 10 pound packet (3 per pack)	\$ 15.00
3240	Velmedin 1.25mg	\$ 15.00	3481	Panacur 20 pounds	\$ 15.00
3241	Velmedin 2.5mg	\$ 15.00	3483	Panacur 40 pound packet (3 per packet)	\$ 18.00
3242	Revolution pup/kit <5# 3pack	\$ 53.00	3484	Panacur liquid/ ounce	\$ 12.00
3243	Revolution Cats 5-15# 3pack	\$ 105.00	3485	Anipryl 15 mg / 30 tabs	\$ 113.00
3244	Revolution dog 05-10# 6pack	\$ 103.00	3486	Anipryl 10mg/30 tablets	\$ 105.00
3245	Revolution dog 11-20# 6pack	\$ 103.00	3487	Anipryl 5mg/30 tabs	\$ 100.00
3246	Revolution dog 21-40# 6pack	\$ 105.00	3488	Anipryl 30 mg/30cl	\$ 115.00
3247	Revolution dog 41-85# 6pack	\$ 110.00	3489	Anipryl 2mg/30 Tablets	\$ 98.00
3248	Capstar 2-25 single dose	\$ 7.00	3470	DermaBanSe shampoo 12oz	\$ 19.00
3249	Capstar over 25# single dose	\$ 8.00	3471	Capsule-empty galatin	\$ 2.00
3250	Capstar 2-25 Package	\$ 42.00	3472	Oplichamber and mask	\$ 85.00
3251	Capstar over 25# package	\$ 43.00	3473	Dermazole Shampoo 8 fl oz.	\$ 29.00
3252	Revolution Cats 5-15# 3pack	\$ 59.00	3494	Oflaxacin Ophthalmic Drops	\$ 15.00
3253	Revolution dog 05-10# 3pack	\$ 59.00	3495	Cortisoster/hydrocortisone 1% Shampoo	\$ 30.00
3254	Revolution dog 11-20# 3pack	\$ 60.00	3487	Resicort Conditioner	\$ 15.00
3255	Revolution dog 21-40# 3pack	\$ 59.00	3496	Elogesic 300 mg	\$ 15.00
3256	Revolution dog 41-85# 3pack	\$ 63.00	3499	ABS Antibarking Collar	\$ 180.00
3257	Revolution dog 85-130# 3pack	\$ 80.00	3500	Pannmycin Aquadrops	\$ 16.00
3270	Velmedin 5mg tablet	\$ 15.00	3501	Prozac	\$ 125.00
3304	Diethylstilbestrol Tabs 1mg	\$ 24.00	3502	Felway	\$ 35.00
3305	Incurin 1mg/Abtel 30 qty	\$ 48.00	3503	Denosyl SD4 225mg	\$ 46.00
3316	Optimmune	\$ 44.00	3504	Denosyl SD4 90mg	\$ 34.00
3317	Cyclosporin of 2%	\$ 15.00	3505	Elogesic 150mg	\$ 15.00
3322	Thyroid Tabs 0.6mg/100	\$ 15.00	3506	C.E.T. Oral Rinse	\$ 16.00
3323	Thyroid Tabs 0.2mg/100	\$ 15.00	3507	Ciprofloxacin Ophthalmic Drops	\$ 29.00
3324	Thyroid Tabs 0.3mg/100	\$ 15.00	3509	Denamarin 90mg	\$ 35.00
3330	Bactoderm	\$ 18.00	3510	Denamarin 225mg	\$ 52.00
3331	C.E.T. Dental Care Kit	\$ 14.00	3511	Denamarin 425mg	\$ 89.00
			3512	Denosyl 425mg 30cl	\$ 50.00
			3515	Reconcile 8 mg 30 tablets	\$ 46.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)			3735	Dermoscent Spot-on 4 pipettes 0-22 # Dog	\$ 26.00
3557	Relief Shampoo 8oz.	\$ 15.00	3736	Dermoscent Spot-on 4 pipettes 22-45# Dog	\$ 30.00
3558	Pramoderm Shampoo 8 oz.	\$ 12.00	3737	Dermoscent Spot-on 4 pipettes 45-90# Dog	\$ 32.00
3559	Epi-Soothe	\$ 9.00	3738	Dermoscent Spot-on 4 pipettes Cal	\$ 28.00
3560	Betadine solution	\$ 12.00	3756	Derm caps	\$ 18.00
3563	Allerseb-T shampoo 8 oz.	\$ 13.00	3757	Derm Caps ES #60	\$ 20.00
3564	Dermallay Spray 12oz	\$ 14.00	3762	Omega Tri-V Liquid Boz.	\$ 20.00
3565	DermaLyte Shampoo 12 oz	\$ 22.00	3764	Omega Tri-V Caps Medium 60cl	\$ 12.00
3566	Lyme plus dip 16oz	\$ 15.00	3768	Vetoryl 30mg 30 capsules	\$ 82.00
3567	Potassium Gluconate Tablets	\$ 5.00	3769	Vetoryl 10mg 30 capsules	\$ 63.00
3568	Forbid	\$ 27.00	3770	Omega Tri-V Caps Large 60cl	\$ 17.00
3569	Nolvasan Shampoo 8 ounces	\$ 23.00	3771	Vetoryl 80 mg 30 caps	\$ 104.00
3570	Douxo Shampoo 5.8 oz	\$ 35.00	3776	Supplicol 5.0oz	\$ 7.00
3571	Glycoflex 500 tablets	\$ 15.00	3777	Nolvasan Soln 4oz	\$ 12.00
3572	Benzoyl Peroxide 3% (SPO-3) Shampoo 16oz	\$ 10.00	3778	Pat Cal 60 Tablets	\$ 17.00
3573	Oxydex HP Shampoo 6oz	\$ 9.00	3779	Melthimazole transdermal/syring	\$ 5.00
3574	Oxydex Shampoo 6oz	\$ 14.00	3782	Melthimazole 5mg Tablets	\$ 15.00
3575	Sulfoxidex 8 ounces	\$ 9.00	3784	Pet-tabs #50	\$ 14.00
3576	Mycodex Pearlescent	\$ 8.00	3785	Pet-Cal 180 Tablets	\$ 45.00
3577	Clinicare powder	\$ 23.00	3786	NutriMed	\$ 8.00
3578	Terramycin oph. ointment	\$ 12.00	3787	phydion papers - roll	\$ 13.00
3579	Sebalyt Shampoo 8oz	\$ 40.00	3788	FaVor Feline Vitamin 60cl	\$ 16.00
3580	Miconazole and Synotic Suspension	\$ 9.00	3789	Pet-tabs Plus 60cl	\$ 17.00
3581	Mycodex w/lin Alrethin	\$ 15.00	3790	Felovite	\$ 7.00
3583	Dexamethasone tabs 0.5mg	\$ 10.00	3791	Cisapride 5mg	\$ 15.00
3584	Pearlyt Shampoo 12 oz	\$ 17.00	3792	Etomidate vial	\$ 39.00
3593	Malaseb Shampoo	\$ 8.00	3793	Felimaazole 5 mg 100cl Bottle	\$ 30.00
3594	Chloramphenicol Oph. Ointment	\$ 38.00	3794	Felimaazole 2.5mg 100cl Bottle	\$ 25.00
3595	Erythromycin Ophthalmic Oint.	\$ 40.00	3795	Felimaazole 5mg	\$ 15.00
3596	Idoxuridine Ophthalmic Oint.	\$ 32.00	3796	Felimaazole 2.5mg	\$ 12.00
3597	Idoxuridine ophthalmic sol.	\$ 16.00	3800	V.A.L. syrup bottle	\$ 42.00
3601	Renacare Gel/ Renal K	\$ 15.00	3801	Duragesic pain medication 25ug	\$ 41.00
3603	Proin 75mg	\$ 15.00	3802	Duragesic pain medication 50ug	\$ 60.00
3604	Proin/Uniflex 25mg	\$ 16.00	3803	Ivermectin 50ml	\$ 50.00
3605	Proin/Uniflex 50mg	\$ 265.00	3804	Duragesic pain medication 75ug	\$ 70.00
3652	Rimadyl 100mg 180cl.	\$ 19.00	3899	Medication	\$ 0.00
3653	Tramadol 50mg	\$ 15.00	4524	Gentamicin Inj Syringe < 1ml	\$ 8.00
3655	Rimadyl 25mg	\$ 15.00	4553	Pill Pocket Canine Small	\$ 8.00
3656	Rimadyl 75mg	\$ 15.00	4554	Pill Pocket Feline	\$ 10.00
3657	Rimadyl 100mg	\$ 15.00	4556	Pill Pocket- Canine Large	\$ 7.00
3658	Deramaxx 100	\$ 15.00	4598	Carina Purina Gentle Snackers	
3659	Deramaxx 25mg	\$ 15.00	Category Name: OFFICE VISITS		
3660	Dexamethasone Injectable 100ml	\$ 15.00	1	Physical examination	\$ 65.00
3661	Deramaxx 75mg	\$ 15.00	2	Medical Progress Check	\$ 50.00
3662	PREDNISOLONE Tabs 5mg	\$ 15.00	3	with Physical examination	\$ 0.00
3663	Prednisone Tabs 5mg	\$ 15.00	4	Shelter examination	\$ 0.00
3664	Prednisone Tabs 20mg	\$ 5.50	5	Canine Adult Care Plan	\$ 199.00
3665	Medrol 4 mg	\$ 15.00	6	Office visit-courtesy	\$ 0.00
3666	Previcox 57mg	\$ 15.00	7	Feline Adult Care Program	\$ 151.00
3667	Previcox 227mg	\$ 15.00	8	After Hours Exam	\$ 92.00
3668	Prednisolone 5MG/ml LIQUID per oz	\$ 15.00	9	Boarding Examination	\$ 32.00
3699	DOXYCYCLINE 50 mg	\$ 15.00	10	Annual Physical Examination	\$ 65.00
3700	MINOCYCLINE Capsules 100 mg	\$ 13.00	11	Behavior consult and exam	\$ 75.00
3701	EctoKyl 3X Shampoo	\$ 30.00	12	Diabetic training	\$ 52.00
3730	Cranialate 60 quantity	\$ 35.00	15	Anal Glands-express w/o exam	\$ 42.00
3731	FortiFlora	\$ 115.00	16	Anal sac-express-nurse	\$ 30.00
3732	Palladia 10mg / 30 cl	\$ 184.00	20	Nebulization-daily	\$ 49.00
3733	Palladia 15mg/ 30 cl	\$ 500.00	50	Nassau County Rabies Vaccine 1	\$ 15.00
3734	Palladia 50 mg/ 30 cl				

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: OFFICE VISITS (Cont.)					
51	Nassau County Rabies Vaccine 2	\$ 15.00	3927	Feline s/d can 5.5 oz 24/case	\$ 40.00
99	*write in	\$ 0.00	3928	Canine Z/D Ultra allergen-free 25#	\$ 88.00
Category Name: OPERATING ROOM AND SUPPLIES					
1200	Tru-cut biopsy needle	\$ 90.00	3929	Feline c/d dry 4#	\$ 19.00
1599	*Write In6	\$ 0.00	3930	Feline c/d dry 8.5#	\$ 35.00
Category Name: PET ACCESSORIES					
87	AlphaTrack 2 Glucose Meter	\$ 125.00	3931	Feline c/d dry 17.5#	\$ 58.00
88	AlphaTrack 2 Test Strips 50/box	\$ 60.00	3932	Canine Z/D Individual can	\$ 4.00
89	AlphaTrack 2 Lancets 100/box	\$ 22.00	3933	Feline k/d can 5.5 oz 24/case	\$ 41.00
3582	SulfOxyDex Shampoo 12fl oz.	\$ 18.00	3934	Feline c/d can 5.5 oz	\$ 40.00
4103	<Open>1	\$ 0.00	3935	Canine w/d dry 27.5#	\$ 68.00
4179	Pet Carrier	\$ 6.00	3936	Feline z/d case 5.5oz, 24/case	\$ 57.00
4180	Resco nail trimmer	\$ 12.00	3937	Canine Purina NF Case 12 13.3 oz.cans	\$ 28.00
4181	Nail Scissors - Whites	\$ 15.00	3938	Canine Purina NF dry 18#	\$ 51.00
4182	Flea comb	\$ 12.00	3940	Feline k/d dry 8.5#	\$ 37.00
4183	Feline Elimix-odor	\$ 8.00	3941	IVD Canine Renal MP 6# Dry	\$ 25.00
4184	Canine Elimix-odor	\$ 24.00	3942	Feline r/d dry 8.5#	\$ 32.00
4185	Muzzle - small, medium, large	\$ 12.00	3943	IVD Canine Hypoallergenic Adult	\$ 35.00
4186	Muzzle - extra large	\$ 13.00	PD7.7#		
4187	Soft Paws Nail caps kit	\$ 14.00	3944	IVD Canine Renal MP 16.5#	\$ 54.00
4299	*Write In12	\$ 0.00	3945	IVD Canine Renal MP 24can/case	\$ 66.00
Category Name: PRESCRIPTION DIETS-MISC. FOODS					
3034	Feline r/d 17.6# Dry	\$ 57.00	3946	Feline w/d dry 8.5#	\$ 32.00
3570	Canine Metabolic 6 #	\$ 22.00	3947	Feline w/d dry 4#	\$ 17.00
3571	Canine Metabolic # 17.6	\$ 54.00	3948	Canine c/d 12 can case	\$ 32.00
3572	Canine Metabolic case 12can	\$ 35.00	3949	Canine c/d dry 8.5#	\$ 29.00
3573	Canine Metabolic 27.5#	\$ 75.00	3950	Canine c/d dry 17.6#	\$ 48.00
3900	<PRESC. DIETS, 3900-4099>	\$ 0.00	3951	Canine c/d dry 35#	\$ 54.00
3901	Canine d/d can case 12pk	\$ 38.00	3952	Canine Prescription Individual Can	\$ 3.00
3902	Canine d/d dry 8#	\$ 36.00	3953	Feline Purina UR dry 6#	\$ 27.00
3903	Canine d/d dry 17.6#	\$ 70.00	3955	Canine Purina EN canned case	\$ 28.00
3904	Canine I/D 12 Can Case	\$ 34.00	3956	Canine/feline a/d case 24 cans	\$ 53.00
3905	Canine g/d dry #3.5	\$ 29.00	3957	Canine/feline a/d canned ea	\$ 2.00
3906	Canine h/d can	\$ 79.00	3958	Feline r/d dry 4#	\$ 18.00
3907	Canine J/D dry 27.5#	\$ 57.00	3959	Feline w/d dry 17.6 #	\$ 57.00
3908	Canine h/d dry 17.6#	\$ 30.00	3960	Feline Purina UR dry 16#	\$ 55.00
3909	Canine h/d case 12pk	\$ 34.00	3962	Canine U/d dry 5#	\$ 19.00
3910	Canine U/d dry 8.5#	\$ 56.00	3964	Canine U/d dry 25#	\$ 69.00
3911	Canine k/d dry 17.6#	\$ 30.00	3965	Feline Purina OM dry 6#	\$ 23.00
3912	Canine k/d 12 can case	\$ 32.00	3966	Canine Purina DCO 32# dry	\$ 79.00
3913	Canine k/d dry 8.5#	\$ 53.00	3967	Canine J/D case	\$ 30.00
3914	Canine k/d dry 17.6#	\$ 90.00	3968	IVD Canine Hypoallergenic Adult PD	\$ 99.00
3915	Canine k/d dry 35#	\$ 48.00	25#		
3916	Canine Z/D 12 can case	\$ 28.00	3970	Feline Purina UR ST/Ox case 5.5 cans	\$ 41.00
3917	Canine U/d 12 can case	\$ 25.00	3971	Feline d/d cans 5.5oz. 24 case	\$ 55.00
3918	Canine r/d dry 8.5#	\$ 45.00	3972	Feline U/d can 5.5 oz 24/case	\$ 40.00
3919	Canine r/d dry 17.5#	\$ 68.00	3973	Feline U/d dry 4#	\$ 20.00
3920	Canine r/d dry 27.5#	\$ 34.00	3975	Feline U/d can 5.5 oz 24/case	\$ 45.00
3921	Canine s/d 12 can case	\$ 30.00	3976	Feline U/d dry 4#	\$ 22.00
3922	Canine w/d 12 can case	\$ 29.00	3977	Canine g/d 12 can case	\$ 20.00
3923	Canine w/d dry 8.5#	\$ 28.00	3979	Feline OM case 5.5 cans	\$ 41.00
3924	Canine w/d 12 pk	\$ 25.00	3981	Canine U/d dry 27.5#	\$ 80.00
3925	Canine w/d dry 8.5#	\$ 25.00	3983	Feline r/d canned 5.5 ounces 24/case	\$ 36.00
3926	Canine w/d dry 17.3#	\$ 45.00	3984	Canine Purina HA dry 6#	\$ 24.00
			3985	Canine Treats 1 lb pouch	\$ 5.00
			3986	Canine Purina HA dry 16.5#	\$ 62.00
			3987	Canine Purina HA dry 32#	\$ 103.00
			3988	Canine z/d ultra 8#	\$ 35.00
			3989	Canine z/d low allergen 8#	\$ 36.00
			3991	Feline 5.5 individual can	\$ 3.00
			3992	Canine z/d ultra 17.5#	\$ 70.00
			3993	Canine z/d low allergen 25#	\$ 88.00
			3994	Feline z/d 4#	\$ 27.00
			3995	Canine Purina En formula 6# dry	\$ 21.00
			3996	Feline DM dry 6#	\$ 34.00
			3997	Feline U/d 8.5 #	\$ 37.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PRESCRIPTION DIETS-MISC. FOODS (Cont.)					
3998	Feline Purina HA 4#	\$ 26.00	4055	Eukanuba FELINE mod pH/O cs 12	\$ 23.00
3999	Canine r/d 12 can case	\$ 40.00	4056	Eukanuba FEL Skin & Coat Plus LB cs12	\$ 29.00
4000	Feline g/d 5.5 ounce case	\$ 40.00	4057	Eukanuba Maximum Calorie Case 12	\$ 27.00
4001	Eukanuba restricted cal. 5#	\$ 15.00	4058	Eukanuba response FP case 12	\$ 36.00
4002	Eukanuba restricted cal. 14#	\$ 36.00	4059	Eukanuba FELINE restr cal 18#	\$ 63.00
4003	Eukanuba restricted cal. 28#	\$ 66.00	4060	IVD Canine Renal LP 18# Dry	\$ 52.00
4004	Eukanuba response FP 6#	\$ 23.00	4061	IVD Canine Hypoallergenic Adult PV 17.6#	\$ 75.00
4005	Eukanuba response FP 15#	\$ 53.00	4062	Eukanuba FELINE restr cal cs12	\$ 22.00
4006	Eukanuba Response KO 15#	\$ 53.00	4063	Eukanuba restricted cal case12	\$ 34.00
4007	Eukanuba resp & max cal for ind. cans	\$ 3.00	4064	IVD Canine Hypoallergenic Adult PV case	\$ 85.00
4008	Eukanuba Intestinal +5#	\$ 16.00	4065	IVD Feline Hypoallergenic Adult PV 8.8#	\$ 60.00
4009	Eukanuba Intestinal +15#	\$ 45.00	4066	IVD Feline Hypoallergenic Adult PV case	\$ 61.00
4010	Feline Tiki Cat 12can case	\$ 15.00	4067	Eukanuba response KO 30#	\$ 93.00
4011	Feline w/d can 5.5 oz 24/case	\$ 36.00	4068	IVD Canine Gastro Low Fat LF 6.6#	\$ 26.00
4012	Feline w/d dry 4#	\$ 21.00	4070	Feline Hypoallergenic Treats	\$ 4.00
4013	Feline z/d dry 8.5#	\$ 54.00	4072	Feline Purina NF 5.5 cans #24	\$ 41.00
4014	Feline s/d dry 4#	\$ 18.00	4073	Feline Purina NF Dry 5#	\$ 26.00
4015	Feline d/d 3.5#	\$ 24.00	4075	Fel IVD Pres. Diet Cans 5.5oz	\$ 2.50
4016	Hills Feline Prescription diet cans 5.5oz	\$ 2.00	4076	IVD Feline Hypoallergenic PD case	\$ 55.00
4017	Eukanuba restr-cal Rewards 24oz	\$ 7.00	4077	IVD Treats	\$ 9.00
4018	Eukanuba Intestinal + 30#	\$ 75.00	4078	IVD Feline Hypoallergenic PD 8.8#	\$ 60.00
4019	Eukanuba response FP 30#	\$ 92.00	4079	Canine w/d dry 17.6#	\$ 54.00
4020	IVD Feline Renal LP 7# Dry	\$ 34.00	4080	Feline Purina EM 5.5 oz case 24	\$ 43.00
4021	Eukanuba FEL 6oz individ cans	\$ 2.00	4081	Feline DM Dry 10#	\$ 50.00
4022	Feline M/D dry 8.5#	\$ 40.00	4082	IVD Canine Hypoallergenic Adult PR 17.6#	\$ 75.00
4023	Feline M/D 4# Dry	\$ 21.00	4083	IVD Canine Gastro Low Fat LF 17.6#	\$ 56.00
4024	IVD Feline Renal LP Modified 3.6oz/24	\$ 34.00	4084	IVD Canine Hypoallergenic Adult PR 7.7#	\$ 35.00
4025	Eukanuba FELINE restr cal 4.5#	\$ 20.00	4088	IVD Canine Hypoallergenic Adult PV 7.7#	\$ 35.00
4026	Eukanuba FELINE urinary-s + ph/s 5.5#	\$ 25.00	4089	IVD Feline S/D 5.6oz case 24	\$ 44.00
4027	IVD Feline Renal LP case 24 6oz. cans	\$ 49.00	4090	IVD Feline Hypoallergenic PR 8.8#	\$ 60.00
4028	Eukanuba FELINE low pH/s eacan	\$ 2.00	4091	IVD Canine Gastro Low Fat LF 24can/case	\$ 63.00
4029	Eukanuba FELINE mod pH/O 5.5#	\$ 25.00	4092	IVD Canine Vegetarian 16.5# Dry	\$ 58.00
4030	IVD Canine Renal LP 5.5# Dry	\$ 22.00	4094	IVD Feline 2.5oz/13oz. can	\$ 2.00
4031	Eukanuba FELINE mod pH/O ea cn	\$ 2.00	4096	IVD Canine Safety Support 26.4#	\$ 68.00
4032	Eukanuba FELINE Intestinal + 5.5#	\$ 28.00	4097	IVD Canine Renal LP 24 cans case	\$ 66.00
4033	IVD Canine Hypoallergenic Adult PR case	\$ 85.00	4098	IVD Feline Hypoallergenic PR case	\$ 65.00
4034	Eukanuba Intestinal +Puppy 8#	\$ 27.00	4099	open	\$ 0.00
4035	Feline Tiki Cat individual can	\$ 1.75	4100	IVD Canine Hypoallergenic HP 17.6#	\$ 70.00
4036	Eukanuba 14 oz individual cans	\$ 3.00	4101	IVD Canine Hypoallergenic HP 7.7#	\$ 25.00
4037	Eukanuba response KO 6#	\$ 23.00	4102	IVD Canine Vegetarian Case	\$ 77.00
4038	Eukanuba FEL Renal Plus 5.5#	\$ 29.00	4104	IVD Canine Adult PD 17.6#	\$ 75.00
4039	IVD Canine Hypoallergenic Adult PV 25#	\$ 99.00	4105	IVD Feline HP 7.7#	\$ 52.00
4040	Eukanuba Senior Plus/ Joint 15#	\$ 44.00	4106	IVD Canine HP Mod. Cal 7.7#	\$ 36.00
4041	Eukanuba Senior Plus Joint 30#	\$ 64.00	4107	IVD Canine HP Mod. Cal 24.2#	\$ 93.00
4042	Euk Renal Plus 5.5#	\$ 19.00	4110	IVD Canine Cal Control High Fiber case	\$ 67.00
4043	Euk Kidney-Renal Plus 15.5#	\$ 45.00	4111	Canine J/D 8.5#	\$ 29.00
4044	Euk Feline Optimum Weight Control 5#	\$ 26.00	4112	IVD Canine Hypoallergenic Adult PD case	\$ 78.00
4046	Euk K-9 Optimum Weight Control 5.5#	\$ 73.00	4113	IVD Canine Hepatic 7.7#	\$ 37.00
4047	Euk K-9 Optimum Weight Control 5.5#	\$ 15.00	4114	IVD Canine Hepatic 26.4#	\$ 96.00
4048	IVD Canine Gastro Low Fat LF 26.6#	\$ 75.00	4115	Euk Canine Optimum Weight Control 15#	\$ 39.00
4049	IVD Feline HE 24can case	\$ 43.00	4116	Feline DM Case	\$ 37.00
4050	Eukanuba FELINE Intestinal +case12	\$ 24.00	4117	IVD Feline MODERATE CAL S/D 3oz	\$ 35.00
4051	Eukanuba Intestinal + case -12	\$ 30.00	4118	IVD Canine S/D MODERATE cal 17.6#	\$ 57.00
4052	Eukanuba FELINE urinary-s + low pH/s 20#	\$ 63.00			
4053	Eukanuba FELINE Urinary-s+ cs12	\$ 21.00			
4054	Eukanuba FEL Renal Plus cs 12	\$ 24.00			

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PRESCRIPTION DIETS-MISC, FOODS (Cont.)			219	Enema Administration	\$ 25.00
4119	Feline T/D 4#	\$ 18.00	220	Euthanasia Services, See Below	\$ 0.00
4120	Feline T/D 8.5#	\$ 36.00	221	Euthanasia 15 lbs or less	\$ 65.00
4121	Feline Y/D 4#	\$ 25.00	222	Euthanasia 15 to 30 lbs	\$ 70.00
4122	Feline Y/D case	\$ 52.00	223	Euthanasia 30 to 60 lbs	\$ 75.00
4123	IVD Feline Gastrointestinal HE 8.8#	\$ 44.00	224	Euthanasia 60 lbs & over	\$ 85.00
4124	IVD Feline Gastrointestinal HE case	\$ 44.00	225	Euthanasia Lab animal/bird	\$ 50.00
4125	IVD Feline Gastro Fiber Response 8.8#	\$ 41.00	226	Eye-corneal staining fluoresce	\$ 25.00
4126	IVD Canine UC Low Purina 16#	\$ 61.00	227	Eye - tear test (Schirmer)	\$ 25.00
4127	IVD Canine Satiety Support 7.7#	\$ 27.00	228	Eye - tonometry	\$ 35.00
4128	IVD Canine Satiety Support 17.6#	\$ 52.00	229	Eye-Schlim/corneal fluor.stain	\$ 40.00
4129	IVD Canine S/O MODERATE case	\$ 74.00	230	Fluid Therapy - SC/ml (O.P.)	\$ 28.00
4130	IVD Canine Early Cardiac 17.6#	\$ 60.00	231	Heartworm Tx-injection-(not Inclu. med)	\$ 68.00
4131	IVD Canine S/O MODERATE CAL 7.7#	\$ 33.00	232	Microfilaria Treatment	\$ 0.00
4132	IVD Canine S/O MODERATE Cal 7.7#	\$ 33.00	233	Obstetrical Assistance	\$ 350.00
4133	IVD Feline MODERATE CAL S/O 6.6#	\$ 36.00	234	Cremation, Processing Fee	\$ 45.00
4134	IVD Canine Moderate Cal PW 7.7#	\$ 40.00	235	Convenia Injection 0-15 #	\$ 65.00
4135	Euk Canine Motility Plus #5	\$ 15.00	236	Convenia Injection 15.1-30#	\$ 78.00
4136	Feline Purina OM 16#	\$ 63.00	237	Convenia Injection 30.1-40#	\$ 88.00
4137	IVD Canine Cal Control HI PRO case 24	\$ 64.00	238	Convenia Injection 40.1-50#	\$ 98.00
4138	IVD Canine Cal Control 6.6#	\$ 24.00	239	Convenia Injection 50.1-60#	\$ 108.00
4139	IVD Canine Cal Control 15.4#	\$ 47.00	240	Convenia Injection 60.1-70#	\$ 120.00
4140	Canine Vd Low/High GI Restore case	\$ 32.00	241	Convenia Injection 70.1-80#	\$ 130.00
4141	Feline Y/D 8.5#	\$ 48.00	242	Injection-Soludelta corlef 100	\$ 32.00
4142	Euk Feline 14# Low Residue intestinal +	\$ 61.00	243	Injection-Soludelta corlef 500	\$ 45.00
4143	IVD Feline S/O 3.3#	\$ 19.00	244	Injection-hospital treatment	\$ 12.00
4144	IVD canine Urinary S/O REGULAR case	\$ 72.00	245	Injection - CRJ Pain Medication	\$ 48.00
4145	IVD Canine HP Small Breed 8.8#	\$ 41.00	246	Injection - Anzemet	\$ 35.00
4146	Feline Metabolic 8.5#	\$ 36.00	247	Injection #1	\$ 29.00
4147	IVD Canine Diabetic 7.7#	\$ 26.00	248	Injection #2	\$ 39.00
4148	IVD Canine Diabetic case	\$ 66.00	249	Injection #3	\$ 48.00
4149	IVD Canine HP Case	\$ 77.00	250	Pedicure - courtesy	\$ 0.00
4153	IVD Canine Allergenic 6.8#	\$ 47.00	251	Pedicure - nail trim	\$ 15.00
4993	Canine Purina OM case	\$ 28.00	252	Injection-Chloramphen/cottle	\$ 16.00
4996	Canine Purina OM 18#	\$ 43.00	253	Injection-Epogen	\$ 48.00
4997	IVD Feline Renal LP 2.5 #	\$ 15.00	254	Injection-Shock treatment	\$ 38.00
Category Name: PROF. SERVICES-PROCEDURES			255	Injection-subconjunctival	\$ 25.00
158	Nail Clip Large Bird	\$ 22.00	256	EKG-electrocardiogram	\$ 70.00
200	Ear flush - one ear	\$ 275.00	257	Endoscopy Exam/Services	\$ 100.00
201	Ear flush - 2 ears	\$ 295.00	258	Injection-Adequan ml + inj (see	\$ 20.00
202	Anal Sacs - infusion	\$ 40.00	259	Tracheal Wash/collection	\$ 285.00
203	Bandaging - routine	\$ 35.00	260	Tear duct flush	\$ 65.00
204	Injection-Cefalexin bottle	\$ 14.00	261	Injection-Solunadrol bottle	\$ 48.00
205	Video oloscopy	\$ 22.00	262	Bayiril injectable/ml + inj.	\$ 3.00
206	Centesis - abdominal	\$ 150.00	263	Injection- pain medication	\$ 24.00
207	CSF Tap	\$ 300.00	264	Injection-Avid FriendChip	\$ 48.00
208	Centesis - arthro (joint)	\$ 65.00	265	Injection- Bayiril/ml + inj	\$ 3.00
209	Centesis - percutaneous	\$ 30.00	266	Injection-Fepid/ml + inj. fee	\$ 5.00
210	Centesis - thoracic (chest)	\$ 155.00	267	Injection-Amik50mg/ml +inj fee	\$ 1.25
211	Cremation Services, See Below	\$ 0.00	268	Injection-Metronidazole/ml+inj	\$ 12.00
212	Cremation 1-24 lbs	\$ 80.00	269	Beak and nail clip	\$ 22.00
213	Cremation 25 to 43 lbs	\$ 85.00	270	Beak and wing clip	\$ 25.00
214	Cremation 50 to 74 lbs	\$ 95.00	271	Pluck Ears/Nails	\$ 23.00
215	Cremation 75 to 99 pounds	\$ 120.00	272	Wing Clip	\$ 20.00
216	Cremation 100-124	\$ 150.00	273	Teeth Clip-lab animal	\$ 28.00
217	Cremation > 125lbs	\$ 170.00	274	Rabbit Teeth Clip/Nails	\$ 40.00
218	Enema - debatable	\$ 185.00	275	Beak Clip	\$ 20.00
			276	Blood pressure measurement	\$ 45.00
			277	CPR-cardiopulmonary resusc.	\$ 275.00
			278	Injection-hypertonic saline	\$ 40.00
			279	Injection-Helastarch	\$ 70.00
			280	Endoscopy-specialist/Up or low	\$ 760.00
			281	Endoscopy & Ultrasound-Med.vu	\$ 800.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PROF. SERVICES-PROCEDURES (Cont.)			Category Name: SURGICAL SERVICES		
283	Endoscopy-upper and lower	\$ 950.00	13	Cushings Disease Training	\$ 45.00
284	Injection-Rimadyl	\$ 29.00	623	Echocardiogram	\$ 325.00
285	Injection Amik 250mg/ml +inj	\$ 8.00	626	Echocardiogram- Dr Reid	\$ 375.00
286	Special Serv-late treatment	\$ 7.00	800	(BANDAGES & CASTS, 800-824)	\$ 0.00
287	Poison Ingestion treatment	\$ 155.00	801	Bandaging - compression	\$ 32.00
288	Euthanasia <15 # in office	\$ 85.00	802	Bandaging - minor	\$ 30.00
289	Euthanasia 15-30# in office	\$ 90.00	803	Bandaging - moderate	\$ 40.00
290	Euthanasia 30-60# in office	\$ 95.00	804	Bandaging - Robert Jones	\$ 55.00
291	Euthanasia >60# in office	\$ 100.00	805	Bandaging - surgical extensive	\$ 325.00
292	Convenia Injection 90.1 - 90#	\$ 140.00	807	Castling - fiberglass	\$ 200.00
293	Convenia Injection 90.1-100#	\$ 150.00	808	Castling - Mason melasplint	\$ 300.00
294	Colonic Flush Inc. Cytology	\$ 120.00	809	Castling - plaster	\$ 45.00
297	Insulin-QRI	\$ 46.00	810	Avulsed nail/bandage-minor	\$ 300.00
299	*Write In1	\$ 0.00	811	Castling - Thomas splint	\$ 90.00
455	Fresh Frozen Plasma Administration	\$ 80.00	812	Avulsed nail/bandage - major	\$ 0.00
3297	Medicine Administration 2x per day	\$ 22.00	825	(GASTROINTESTINAL, 825-859)	\$ 600.00
Category Name: RADIOLOGY SERVICES			826	Abdominal Exploratory	\$ 285.00
600	X-Ray-first view	\$ 92.00	827	Anal Sac(s) Abscess	\$ 600.00
601	X-Ray Addition View	\$ 72.00	828	Anal Sac(s) Removal	\$ 600.00
602	Recheck X-ray	\$ 65.00	829	Biopsy (gastrointestinal)	\$ 800.00
603	GI (barium) Series, cat	\$ 350.00	830	Enterotomy-remove foreign body	\$ 325.00
604	GI (barium) Series, dog	\$ 400.00	831	Gastric Lavage	\$ 1,200.00
605	Dental X-ray (1)	\$ 45.00	832	Gastric Torsion Complex	\$ 800.00
606	Dental X-ray (2)	\$ 55.00	833	Gastrotomy	\$ 350.00
607	Dental X-ray (3-5)	\$ 75.00	834	Gastrotomy Tube	\$ 850.00
608	Dental X-ray (5-5)	\$ 95.00	835	Intestinal Anastomosis	\$ 850.00
609	Radiology Consultation Specialist	\$ 105.00	836	Intussusception	\$ 400.00
611	X-Ray Special Contrast Media Charge1	\$ 20.00	837	Liver Biopsy	\$ 120.00
612	X-Ray Special Contrast Media Charge2	\$ 30.00	838	Pharyngostomy Tube Placement	\$ 950.00
613	X-Ray Special Contrast Media Charge3	\$ 40.00	839	Anastomosis-Intestinal	\$ 400.00
614	IVP XRay-Urinary Tract, cat	\$ 400.00	840	Pyloroplasty	\$ 325.00
615	IVP XRay-Urinary Tract, dog	\$ 325.00	841	Rectal Prolapse	\$ 650.00
616	Ultrasound	\$ 505.00	842	Salivary Mucosectomy	\$ 350.00
617	Ultrasound - 2 cavities	\$ 525.00	843	PEG tube placement	\$ 0.00
618	Ultrasound and Biopsy	\$ 95.00	850	(HEMATOPOETIC, 850-889)	\$ 800.00
619	Hip X-Ray	\$ 220.00	854	Splenectomy	\$ 800.00
620	Ultrasound guided biopsy only	\$ 115.00	855	Surgery Dr. Savalia	\$ 0.00
621	Ultrasound guided aspirate	\$ 110.00	890	(MUSCULOSKELETAL, 890-949)	\$ 575.00
622	Sonogram screen	\$ 555.00	891	Amputation/digit(s)	\$ 900.00
625	Ultrasound - 2 cavities- Dr. Reid	\$ 375.00	892	Amputation/extremity	\$ 375.00
626	Ultrasound Dr. Reid	\$ 0.00	893	Amputation/tail	\$ 500.00
627	Ultrasound and Biopsy Dr Reid	\$ 0.00	894	Arthroscopy	\$ 150.00
629	Ultrasound guided aspirate Dr Reid	\$ 0.00	895	Biopsy (muscle or bone)	\$ 275.00
630	Ultrasound guided biopsy only Dr Reid	\$ 90.00	896	Biopsy lymph node	\$ 700.00
677	Ultrasound-Focused assessment	\$ 0.00	897	Cruciate Ligament Repair	\$ 475.00
699	*Write In4	\$ 92.00	898	Declaw Feline 4	\$ 325.00
4150	IVD Canine Anallergenic 19.8#	\$ 39.00	899	Declaw Feline(2)	\$ 325.00
4151	IVD Feline Senior Consult 7.7#	\$ 42.00	900	Declaw Cat (rear)	\$ 400.00
4152	IVD Feline Senior Consult 24/5.8oz case	\$ 0.00	901	Declaw/Alter cat	\$ 125.00
Category Name: SPECIAL INFORMATION-SERVICE			902	Dewclaw Removal (puppy)	\$ 25.00
RET	Return/Credit	\$ 0.00	903	Dewclaw(s) & Tail(s)/Puppy	\$ 30.00
5000	*Balance exists from	\$ 0.00	904	Docking Tail(s) (only)	\$ 800.00
5001	NYS Reimburse.sony/neut adjust	\$ 30.00	905	Femoral Head Osteotomy	\$ 900.00
5014	Returned Check Services	\$ 0.00	906	Fracture Repair/IM pinning	\$ 900.00
5015	Telephone & JD Charges	\$ 0.00	907	Fracture Repair/KE apparatus	\$ 425.00
			908	Fracture Repair/Mandibular	\$ 400.00
			909	FX Repair/Mandibular Symphysis	\$ 400.00
			910	Hygroma Correction/Elbow	\$ 600.00
			911	Declaw Feline (all) with alter	\$ 400.00
			912	Hip Luxation Closed Reduction	\$ 400.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: SURGICAL SERVICES (Cont.)			1142	Biopsy (urogenital)	\$ 375.00
913	Hip Luxation Open Reduction	\$ 800.00	1143	Castration, See Below	\$ 0.00
914	Tendonectomy	\$ 400.00	1144	Cryptorchid (dog)	\$ 450.00
915	Declaw over 2 years old	\$ 450.00	1145	Cryptorchid (cat)	\$ 350.00
916	Pectineus Myotendonectomy	\$ 250.00	1148	Alter dog < 15# inc. pain med	\$ 250.00
918	Tendon Repair	\$ 450.00	1149	Alter dog 15-30# inc. pain med	\$ 260.00
919	Laparotomy	\$ 600.00	1150	Alter dog 30-60# inc. pain med	\$ 270.00
950	(NEUROLOGICAL, 950-969)	\$ 0.00	1151	Alter dog 60# + inc. pain med	\$ 300.00
951	Diaphragmatic hernia repair	\$ 900.00	1152	Alter feline	\$ 120.00
970	(OPHTHALMIC, 970-1019)	\$ 0.00	1153	Scrotal Ablation	\$ 425.00
971	Chalazion	\$ 160.00	1154	Testicular Tumor	\$ 450.00
973	Enucleation	\$ 800.00	1155	Anal Sac Resection	\$ 750.00
974	Eye lid Surgery/major	\$ 500.00	1156	Perianal adenoma	\$ 550.00
975	Eye lid Surgery/major x 2	\$ 425.00	1157	Perianal Adenoma/Castration	\$ 700.00
976	Eye-Grid Keratotomy	\$ 225.00	1159	Cystotomy - Cat	\$ 600.00
977	Conjunctival Flap	\$ 300.00	1160	Cystotomy - Dog	\$ 650.00
978	Eye lid Tumor Removal	\$ 400.00	1161	Cesarian Section	\$ 600.00
980	Laceration (corneal)	\$ 400.00	1162	Urethrostomy	\$ 800.00
981	Laceration (lid)	\$ 350.00	1163	Cystotomy/urethrotomy	\$ 900.00
982	Nasolacrimal Flush/cath	\$ 60.00	1164	Urchydropsion	\$ 325.00
983	Nictitans Eye Flap	\$ 110.00	1165	Mastectomy (Cat)	\$ 500.00
984	Eye-replace gland of nictitans	\$ 400.00	1165	Mastectomy (Dog)	\$ 650.00
990	Esophagostomy tube	\$ 175.00	1166	Nephrectomy	\$ 800.00
1020	(RECONSTRUCTIVE, 1020-1049)	\$ 0.00	1168	Nephrotomy	\$ 800.00
1021	Hernia (diaphragmatic)	\$ 900.00	1170	Ovari hysterectomy, See Below	\$ 0.00
1022	Hernia (inguinal)	\$ 800.00	1174	Pyometra, canine	\$ 550.00
1023	Hernia (perianal)	\$ 800.00	1175	Pyometra, feline	\$ 700.00
1025	Laceration (major)	\$ 400.00	1176	Spay dog <15 lbs inc. pain med	\$ 285.00
1025	Laceration (minor)	\$ 250.00	1177	Spay dog 15-30 # inc. pain med	\$ 305.00
1027	Laceration (intermediate)	\$ 300.00	1178	Spay dog 30-50 # inc. pain med	\$ 325.00
1028	Hernia-Umbilical w/Spay	\$ 160.00	1179	Spay dog 51-80# inc. pain med	\$ 340.00
1029	Hernia-Umbilical w/Alter	\$ 200.00	1180	Spay dog 80 lbs+ inc. pain med	\$ 480.00
1030	Hernia-Umbilical - Dog	\$ 350.00	1181	Spay feline including pain med	\$ 285.00
1031	Hernia-Umbilical - Cat	\$ 350.00	1182	Spay feline/neat inc. pain med	\$ 380.00
1050	(RESPIRATORY, 1050-1074)	\$ 0.00	1183	Spay feline prag. inc. pain med	\$ 675.00
1053	Nasopharyngeal Polyp Removal	\$ 300.00	1184	Spay cat + Decl 4 inc. pain med	\$ 675.00
1054	Stenotic Nares Repair	\$ 325.00	1185	Spay cat/declaw(2)inc. pain med	\$ 550.00
1055	Thoracotomy	\$ 1,000.00	1186	Spay Rabbit	\$ 400.00
1057	Tracheotomy	\$ 300.00	1187	Alter Ferret	\$ 80.00
1058	Partial Laryngectomy	\$ 350.00	1188	Descent-Ferret	\$ 200.00
1059	Nasal flush feline	\$ 90.00	1189	Alter rabbit	\$ 325.00
1075	(INTEGUMENT/EAR, 1075-1119)	\$ 0.00	1192	Urethrostomy/feline male	\$ 500.00
1077	Biopsy (skin)	\$ 150.00	1193	Urinary Obstruction/canine	\$ 275.00
1079	Hematoma-Aural	\$ 325.00	1194	Urinary Obstruction/feline	\$ 225.00
1080	Ear Resection (bilateral)	\$ 625.00	1195	Spay ferret	\$ 120.00
1081	Ear Resection (unilateral)	\$ 800.00	1196	Spay mature dog-surgical fee	\$ 325.00
1087	Lip Fold Correction	\$ 400.00	1197	<Open>	\$ 0.00
1086	Nasal Fold Excision	\$ 225.00	1199	*Surgery	\$ 0.00
1089	Mass Removal-external (major)	\$ 600.00	1617	Fields to start on arrival at the Hosp.	\$ 0.00
1090	Mass Removal-external (minor)	\$ 200.00	1921	Boarding Additional Day(s)	\$ 80.00
1091	Abscess treatment	\$ 275.00	1955	Apomorphine Administration	\$ 14.00
1092	Thyroidectomy	\$ 800.00	2495	Valium Syringe	\$ 47.00
1120	(SPECIAL/MISC., 1120-1139)	\$ 0.00	3096	Arthogen 32 oz.	\$ 44.00
1121	Abdominal Tap - Drain Fluid	\$ 150.00	3508	Vetsulin 18ml	\$ 20.00
1122	Thoracic Tap - Drain Fluid	\$ 155.00	3585	Keta Chlor Shampoo	\$ 12.00
1123	Operating Room Fee	\$ 300.00	3763	Omega Tri-V Caps Small 600l	\$ 10.00
1128	Mass Removal-internal (major)	\$ 300.00	3961	Canine Hypoallergenic Treats	\$ 4.00
1129	Mass Removal-internal (minor)	\$ 700.00	3978	IVD Canine Prescription can	\$ 3.00
1130	Microchip Ident. implant	\$ 63.00	4071	IVD Feline Prescription can	\$ 45.00
1140	(UROGENITAL, 1140-1197)	\$ 0.00	4188	Soft Paws Application	\$ 15.00
1141	Biopsy (kidney)	\$ 375.00	4523	Amikacin Injection Syringe <1 ml	\$ 15.00

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

A handwritten signature in black ink, appearing to read "Scott D. Tusa".

Scott D. Tusa
Chief Fire Marshal

Edward P. Mangano
County Executive

Scott D. Tusa
Chief Fire Marshal



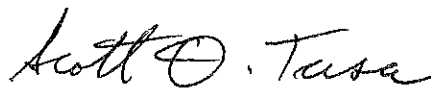
Nassau County Fire Commission
Office of Fire Marshal
1194 Prospect Avenue
Westbury, New York 11590-2723
(516) 573-9900

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



MIDISLA-01

SAL11

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 100290819 Chicago, IL-Hub International Midwest West 55 East Jackson Boulevard Floor 14A Chicago, IL 60604		CONTACT NAME: PHONE (A/C, No, Ext): (800) 228-7548 FAX (A/C, No): (866) 229-3296 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers Casualty Insurance Company of America	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED

Mid Island Animal Hospital
264 W. Old Country Road
Hicksville, NY 11801

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6801H385674	08/09/2016	08/09/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as Additional Insured as their interests may appear with respects to General Liability in regards to the service dog from the Fire Marshall.

Subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

CANCELLATION

Office of the Fire Marshall
Nassau County Fire Commissioner
1194 Prospect Avenue
Westbury, NY 11590

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



COPY

4-23-16

R188

Contract ID# (CQFC15000002)

Department: Fire Commission

Contract Details

SERVICE K-9 veterinary services

NIFS ID #: CLFC160000001 NIFS Entry Date: 1/13/16

Term: from 1/1/2016 to 12/31/2016

New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>	1) Mandated Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amendment <input type="checkbox"/>	2) Comptroller Approval Form Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Time Extension <input type="checkbox"/>	3) CSEA Agreement § 32 Compliance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>	5) Insurance Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RES # _____		

Agency Information

Vendor	
Name	Vendor ID#
Dr. Mitchell E. Kornet, DVM	11 2648297
Address	Contact Person
Mid-Island Animal Hospital	Dr. Mitchell Kornet
264 Old Country Road	Phone
Hicksville, NY 11801	516-681-5477

County Department
Department Contact
Scott, D. Tusa, Chief Fire Marshal
Address
1194 Prospect Avenue, Westbury, NY 11590
Phone
516-573-9991

Routing Slip

Date Rec'd	Department	Internal Verification	Date App'd & Fw'd	Signature	Legal Approval Required
1/13/16	Department	NIFS Entry (Dept) <input type="checkbox"/> NIFS Appvl (Dept Head) <input type="checkbox"/> Contractors Registered <input type="checkbox"/>		Scott D. Tusa	
4/8/16	OMB	NIFS Approval Contractor Registered <input type="checkbox"/>		[Signature]	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
4/6/16	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	4/9/16	[Signature]	
5/4/16	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	5/4/16	[Signature]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fw'd original contract to CA <input type="checkbox"/>			
6/3/16	County Attorney	NIFS Approval <input checked="" type="checkbox"/>	6/9/16	[Signature]	
	Comptroller	NIFS Approval <input checked="" type="checkbox"/>	6/27/16	[Signature]	
5/16/16	County Executive	Noterization <input type="checkbox"/> Filed with Clerk of Leg. <input type="checkbox"/>	5/16/16	[Signature]	



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 severely 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**

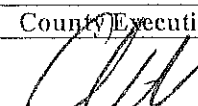

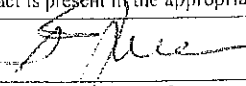
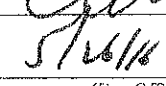

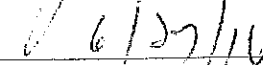
Budget Codes		Funding Source	Amount
Fund	FC	Revenue Contract	
Control	10	County	3500
Resp.	1200	Federal	
Object	DE500	State	
Transaction		Capital	
		Other	
		Total	3500

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

Renewal	
% Increase	
% Decrease	

Document Prepared by: Scott D. Tusa

Date _____

NIFS Certification	Comptroller Certification	County Executive Approval
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#:

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 Vote on 6/6/16
VOTING:
ayes 7 nays 0 abstained 0 recused 0
Legislators present: 7

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").

W I T N E S S E T H:

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. Renewal Term. 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 "Amended Agreement") shall be December 31, 2016.

2. Maximum Amount. (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. Full Force and Effect. 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: MITCHELL E KORNET
Title: Dr
Date: 3-18-16

NASSAU COUNTY

By: _____
Name: _____
Title: Deputy County Executive
Date: _____

PLEASE EXECUTE IN BLUE INK

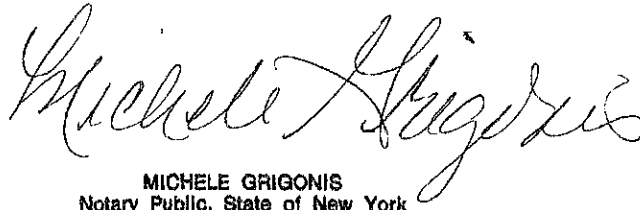
STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 18th day of March in the year 2016 before me personally came Mitchelle Komet 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 Mid Island Animal Hospital, 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. 30-4886887

Qualified in Nassau County
Certificate filed in New York County
Commission Expires March 9, 2019

STATE OF NEW YORK)

)ss.:

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 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 or she signed his or her name thereto pursuant to Section 205 of the County Government Law of 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. Renewal Term. 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 "Amended Agreement") shall be December 31, 2016.

2. Maximum Amount. (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

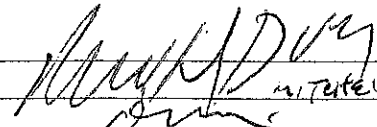
Services provided under the Amended Agreement shall be **Seven Thousand Dollars (\$7,000.00)** (the "Amended Maximum Amount").

3. Full Force and Effect. 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: MITCHELL E. KORNET
Title: Drum
Date: 3-18-16

NASSAU COUNTY

By: 
Name: Charles F. Evans
Title: Deputy County Executive
Date: 6/20/16

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 18th day of March in the year 2016 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 Mid Island Animal Hospital, 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 Grigoris
MICHELE GRIGORIS
Notary Public, State of New York
No. 30-4888987
Qualified in Nassau County
Certificate filed in New York County
Commission Expires March 9, 2019

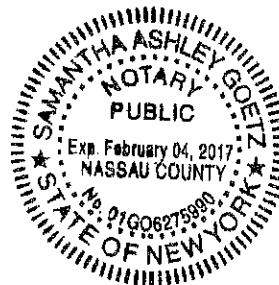
STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 30 day of June in the year 2016 before me personally came Charles Ribando 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 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 of Nassau County.

Samantha Goetz
NOTARY PUBLIC



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.

A handwritten signature in cursive script, reading "Scott D. Tusa".

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

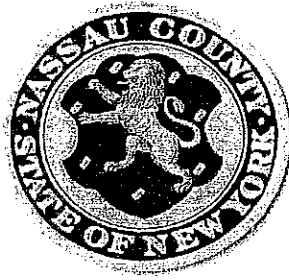
TO: CONTRACT OFFICE
FROM: THOMAS E. TILLEY, FIRE MARSHAL
DATE: JANUARY 30, 2016
SUBJECT: CSEA NOTIFICATION – MID-ISLAND ANIMAL HOSPITAL

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.

A handwritten signature in black ink, reading "Scott D. Tusa".

Scott D. Tusa
Chief Fire Marshal

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, 264 Old Country
Road, Hicksville NY 11801
FEDERAL TAX ID #: 112648297

Instructions: Please check the appropriate box ("☑") 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 _____ [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 scoring and ranking, 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 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 vet, Westbury Animal Hospital retired. Dr Kixnet (Mid Island Animal Hospital) was only a respondant. Entered into agreement January 2015 w/ 3 one yr renewals [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. ☒ 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.

- ☐ D. Pursuant to General Municipal Law Section 119-o, 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.

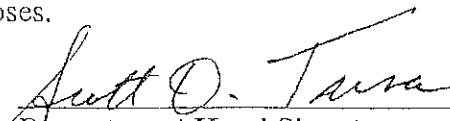
VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications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

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.

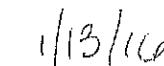
IX. ☐ Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.

X. ☒ 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: ☐ 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



Date

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.

Exhibit A



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?

NO

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.

Dated: 3/18/16

Vendor: MIDLESHAND ANIMAL HOSPITAL

Signed: Mitchell Kornet

Print Name: MITCHELL KORNET

Title: OWNER

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

1. Principal Name Mitchell Kornet DVM
Date of birth 1/1/
Home address 29 Delaware Avenue
City/state/zip Jericho, NY 11753
Business address 264 W. Old Country Road
City/state/zip Hicksville, NY 11801
Telephone 516 681 5479
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President 1/1/ Treasurer 1/1/
Chairman of Board 1/1/ Shareholder 1/1/ owner
Chief Exec. Officer 1/1/ Secretary 1/1/ 8-12-83
Chief Financial Officer 1/1/ Partner 1/1/
Vice President 1/1/
(Other) owner 8-12-83
3. Do you have an equity interest in the business submitting the questionnaire?
YES ☒ NO ☐ If Yes, provide details. owner
4. 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 ☒ If Yes, provide details. No Cash
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? YES ☐ NO ☒ If Yes, provide details.

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? YES ____ NO ☒
 If Yes, 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:
- a. 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 ☒ 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.)
- 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 of 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 trial or by plea, of 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.
9. 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? YES ____ NO ☒ 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 listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? YES ____ NO ☒ If Yes; provide details for each such investigation.
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? YES ____ NO ☒ If Yes; provide details for each such instance.
12. 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? YES ____ NO ☒ If Yes, provide details for each such year.

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.

I, Mitchell Kornet, 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 18th day of March 2016

Michele Grigoris
Notary Public

MICHELE GRIGONIS
Notary Public, State of New York
No. 30-4888987
Qualified in Nassau County
Certificate filed in New York County
Commission Expires March 9, 2019

MID ISLAND ANIMAL HOSPITAL
Name of submitting business

MITCHELL KORNET
Print name

M/K Kornet
Signature

OWNER
Title

3, 18, 16
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.**

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

Date: 3/18/16

1) Proposer's Legal Name: MID ISLAND ANIMAL HOSPITAL LLC

2) Address of Place of Business: 264 W. OLD COUNTRY RD, HICKSVILLE NY 11801

List all other business addresses used within last five years:

3) Mailing Address (if different): _____

Phone : _____

Does the business own or rent its facilities? _____

4) Dun and Bradstreet number: _____

5) Federal I.D. Number: 112648297

6) The proposer is a (check one): ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☒ Other (Describe) LLC

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) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, 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, or 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 ☒ 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 ☒

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, DVM *DVM*

Mid Island Animal Hospital

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. _____

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 ☒ If Yes, provide details for each such instance. _____

16) For the past (5) tax years, has this business 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? Yes ___ No ☒ 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."**

(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.

NO CONFLICT EXISTS

(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.

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.

NO CONFLICT EXISTS

- 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.

Company HUNTINGTON ANIMAL HOSPITAL

Contact Person JEFFREY KROMER DVM

Address 113 WALT WHITMAN RD

City/State HUNTINGTON NY 15746

Telephone 631-423-7020

Fax # _____

E-Mail Address _____

Company LONG ISLAND ANIMAL HOSPITAL
Contact Person ADAM KRAWCZYK DVM
Address 793 OLD COUNTRY RD
City/State WESTBURY NY
Telephone 516 - 333 - 0400
Fax # _____
E-Mail Address _____

Company CENTRAL ANIMAL HOSPITAL
Contact Person MICHAEL WOJCIK DVM
Address 317 ARDSLEY RD.
City/State SCARSDALE NY
Telephone 914 723 1250
Fax # _____
E-Mail Address _____

CERTIFICATION

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I, Mitchell Kornet, 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 18th day of March

2016

Michele Grigoris
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, 18...

2019

Name of submitting business: MID ISLAND ANIMAL HOSPITAL

By: MITCHELL KORNET

Print name

[Signature]
Signature

OWNER
Title

3/18/16
Date

COUNTY OF NASSAU

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

1. Name of the Entity: Mid Island Animal Hospital LLC
- Address: 264 W. Old County Rd
- City, State and Zip Code: Hicksville, NY 11801
2. Entity's Vendor Identification Number: _____
3. Type of Business: ☐ Public Corp ☐ Partnership ☐ Joint Venture
- ☒ Ltd. Liability Co ☐ Closely Held Corp _____ Other (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):

Mitchell Kornet

264 W Old County Rd Hicksville NY 11801

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..

Mitchell Kornet DVM

264 W. Old County Rd Hicksville NY 11801

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.

NONE

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). 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):

NONE

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

N/A

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

N/A

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: 3-18-16

Signed: Mitchell Kornet

Print Name: Mitchell Kornet

Title: Owner

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.

Contract ID#: CQFC15000002Department: Fire Commission

COPY
Contract Details

SERVICE K-9 veterinaryNIFS ID # CQFC15000002 NIFS Entry Date: 1/28/15 Term: from 1/1/15 to 12/31/15

New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>	1) Mandated Program:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amendment <input type="checkbox"/>	2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Time Extension <input type="checkbox"/>	3) CSEA Agreement § 32 Compliance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>	5) Insurance Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RES#		

Agency Information

Vendor	
Name <u>Mitchell E. Kornet, DVM</u>	Vendor ID# <u>112648297</u>
Address <u>Mid Island Animal Hospital 264 Old Country Road Hicksville, NY 11801</u>	Contact Person <u>Dr. Mitchell Kornet</u> Phone <u>516 681-5477</u>

County Department	
Department Contact <u>Scott D. Tusa</u> <u>Chief Fire Marshal</u>	
Address <u>1194 Prospect Avenue Westbury, NY 11590</u>	
Phone <u>516 573 9991</u>	

Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fwd.	SIGNATURE	Leg. Approval Required
<u>1/28/15</u>	Department	NIFS Entry (Dept) <input type="checkbox"/> NIFS Appvl (Dept. Head) <input type="checkbox"/> Contractor Registered <input type="checkbox"/>		<u>Scott D. Tusa</u>	
	OMB	NIFS Approval (Contractor Registered) <input type="checkbox"/>	<u>1/29/15</u>	<u>[Signature]</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
<u>2/4/15</u>	County Attorney	CA RE & Insurance Verification <input type="checkbox"/>	<u>2/9/15</u>	<u>[Signature]</u>	
<u>2/9/15</u>	County Attorney	CA Approval as to form <input type="checkbox"/>	<u>2/9/15</u>	<u>[Signature]</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fwd Original Contract to CA <input type="checkbox"/>			
<u>2/19/15</u>	County Attorney	NIFS Approval <input type="checkbox"/>	<u>2/19/15</u>	<u>[Signature]</u>	
	Comptroller	NIFS Approval <input type="checkbox"/>	<u>2/17/15</u>	<u>[Signature]</u>	
<u>2/27/15</u>	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	<u>2/27/15</u>	<u>[Signature]</u>	

Contract ID#: CQFC15000002Department: Fire Commission

Contract Summary

Description:	<u>veterinary and grooming services</u>
Purpose:	<u>new agreement for one year, with two (2) one year terms (renewals) to provide veterinary and grooming services for VMI an accelerant detection canine trained and provided by ATF at no cost to the County for the use at Fire Marshals office, Fire Investigations Division</u>
Method of Procurement:	<u>in October 2014, Dr Arthur Wilder retired and invitation for proposals were sent to three veterinarians - Island Trees Veterinary Hospital, Levittown Animal Hospital and Mid Island Animal Hospital with only response from Mid Island Animal Hospital.</u>
Procurement History:	<u>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. Proposals were sent to three veterinarians - only Dr Kornet responded.</u>
Description of General Provisions:	<u>routine veterinary and grooming services, and if necessary, emergency treatment as required.</u>
Impact on Funding / Price Analysis:	<u>none</u>
Change in Contract from Prior Procurement:	<u>none</u>
Recommendation: (approve as submitted)	

Advisement Information

BUDGET CODES	
Fund:	<u>FC</u>
Control:	<u>10</u>
Resp:	<u>1200</u>
Object:	<u>DE500</u>
Transaction:	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXX
County	\$3500.00
Federal	\$
State	\$
Capital	\$
Other	\$
TOTAL	\$3500.00

LINE	INDEX/OBJECT CODE	AMOUNT
1	<u>FCFC1200 DE500</u>	<u>\$3500.00</u>
2		\$
3		\$
4	<u>J. Kornet 3/19/15</u>	\$
5		\$
6		\$
TOTAL		\$3500.00

RENEWAL	
% Increase	
% Decrease	

Document Prepared By:

Scott D. Turner
 Chief Fire Marshal Scott D. Turner
Date: 1/28/15

NYS Certification		Comptroller Certification		County Executive Approval	
I certify that this document was accepted into NYS		I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged		Name: <u>[Signature]</u>	
Name: <u>SA</u>		Name: <u>[Signature]</u>		Date: <u>2/27/15</u>	
Date: <u>3/17/15</u>		Date: <u>3/17/15</u>		E #:	

CQFC15000002

Howard S. Weltzman
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 Mitchell E, Kornet, DVM

CONTRACTOR ADDRESS: Mid Island Hospital, 264 Old Country Rd, Hicksville
NY 11801

FEDERAL TAX ID #: 112648297

Instructions: Please check the appropriate box ("☐") 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 _____ [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. ☒ 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. Only one, Mid Island Hospital/Dr. Kornet, responded.

☒ A. The contract has been awarded to the ^{only} 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.

CQFC15000002

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

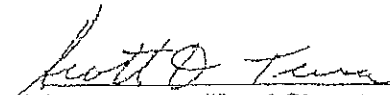
VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate 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.


Department Head Signature
Scott D. Tusa, Chief Fire Marshal
1/28/15
Date

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

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

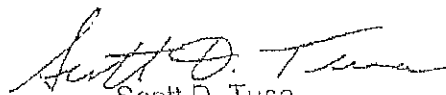
FROM: SCOTT D. TUSA, CHIEF FIRE MARSHAL

DATE: JANUARY 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.

A handwritten signature in cursive script, reading "Scott D. Tusa".

Scott D. Tusa
Chief Fire Marshal

Contract ID#: CQFC15000002Department: Fire Commission

COPY

Contract Details

SERVICE K-9 veterinaryNIFS ID # CQFC15000002 NIFS Entry Date: 1/28/15 Term: from 1/1/15 to 12/31/15

New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>	1) Mandated Program:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Amendment <input type="checkbox"/>	2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Time Extension <input type="checkbox"/>	3) CSEA Agreement § 32 Compliance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>	5) Insurance Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RES#		

Agency Information

Vendor	
Name <u>Mitchell E. Kornet, DVM</u>	Vendor ID# <u>112648297</u>
Address <u>Mid Island Animal Hospital 264 Old Country Road Hicksville, NY 11801</u>	Contact Person <u>Dr. Mitchell Kornet</u>
	Phone <u>516 681-5477</u>

County Department	
Department Contact <u>Scott D. Tusa</u>	
Chief Fire Marshal	
Address <u>1194 Prospect Avenue Westbury, NY 11590</u>	
Phone <u>516 573 9991</u>	

Routing Slip

DATE Rec'd	DEPARTMENT	Internal Verification	DATE App'd & Fw'd	SIGNATURE	Leg. Approval Required
<u>1/28/15</u>	Department	NIFS Entry (Dept) <input type="checkbox"/> NIFS Appvl (Dept. Head) <input type="checkbox"/> Contractor Registered <input type="checkbox"/>		<u>Scott D. Tusa</u>	
	OMB	NIFS Approval (Contractor Registered) <input type="checkbox"/>	<u>2/4/15</u>	<u>[Signature]</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
<u>2/19/15</u>	County Attorney	CA RE & Insurance Verification <input type="checkbox"/>	<u>2/19/15</u>	<u>[Signature]</u>	
<u>2/19/15</u>	County Attorney	CA Approval as to form <input type="checkbox"/>	<u>2/19/15</u>	<u>[Signature]</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>			
<u>2/19/15</u>	County Attorney	NIFS Approval <input type="checkbox"/>	<u>2/19/15</u>	<u>[Signature]</u>	
	Comptroller	NIFS Approval <input type="checkbox"/>	<u>2/17/15</u>	<u>[Signature]</u>	
<u>2/27/15</u>	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	<u>2/27/15</u>	<u>[Signature]</u>	

Contract ID: CQFC15000002Department: Fire Commission

Contract Summary

Description: veterinary and grooming services

Purpose: new agreement for one year with two (2) one year terms (renewals) to provide veterinary and grooming services for UMI and a volunteer 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 retired and invitation for proposals were sent to three veterinarians - Island Trees Veterinary Hospital, Levittown Animal Hospital and Mid Island Animal Hospital with only response from Mid Island Animal Hospital.

Procurement History: Dr Wilder of Westbury Animal Hospital retired - he took care of veterinary services to three canines since 1992. Dr. Koenig has provided services to other K-9's in other county departments and has offered his services to our department. Proposals were sent to three veterinarians - only Dr. Koenig responded.

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	
Fund:	<u>FC</u>
Control:	<u>10</u>
Resp:	<u>1200</u>
Object:	<u>DE500</u>
Transaction:	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$3500.00
Federal	\$
State	\$
Capital	\$
Other	\$
TOTAL	\$3500.00

LINE	INDEX/OBJECT CODE	AMOUNT
1	FCFC1200 DE500	\$3500.00
2		\$
3		\$
4	<i>J. D. Mataro 3/19/15</i>	\$
5		\$
6		\$
TOTAL		\$3500.00

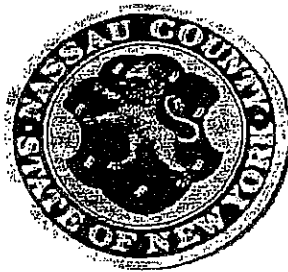
RENEWAL	
% Increase	
% Decrease	

Document Prepared By: Scott D. Tamm Date: 1/28/15
Chief Fire Marshal Scott D. Tamm

NIFS Certification I certify that this document was accepted into NIFS		Comptroller Certification I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged		County Executive Approval Name: <u>[Signature]</u> Date: <u>2/12/15</u>	
Name: <u>[Signature]</u> Date: <u>3/17/15</u>		Name: <u>[Signature]</u> Date: <u>3/17/15</u>		E #: _____	

CQFC15000002

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 Mitchell E, Korner, DVM

CONTRACTOR ADDRESS: Mid Island Hospital, 264 Old Country Rd, Hicksville
NY 11801

FEDERAL TAX ID #: 112648297

Instructions: Please check the appropriate box ("☑") 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]. _____ [#] of 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. ☒ 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. *Only one, Mid Island Hospital/Dr. Kernet, 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 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.

CQFC15000002

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

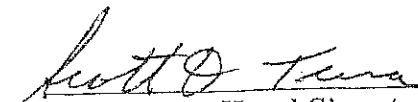
VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate 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.


Department Head Signature
Scott D. Tusa, Chief Fire Marshal
1/28/15
Date

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

Edward P. Mangano
County Executive

Scott D. Tusa
Chief Fire Marshal



Nassau County Fire Commissioner
Office of Fire Marshal
1194 Prospect Avenue
Westbury, New York 11590-2728
(516) 333-9997

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 schedules, appendices, attachments and exhibits, if any, this "Agreement"). is entered into by, and between: Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"); acting on behalf of the Nassau County Fire Commissioner, having its principal office at 1194 Prospect Avenue, Westbury, New York 11590 (the "Commissioner"); and the Mid Island Animal Hospital, Dr. Mitchell E. Kornet, having its principal office at 264 W. Old Country Road, Hicksville, New York 11801 (the "Contractor").

W I T N E S S E T H:

WHEREAS, the County desires to hire the Contractor to perform the services described in 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 (3) 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. Services. The services to be provided by the Contractor under this Agreement shall consist of providing veterinary and grooming services ("services") as needed to canine "Unit" 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) Vouchers; Voucher Review, Approval and Audit. 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) Timing of Payment Claims. 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 Contractor and any funding source including the County.

(e) Payments in Connection with Termination or Notice of Termination. Unless a provision 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. Independent Contractor. 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 "Contractor Agent"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) 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 "Person" 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 in 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. Minimum Service Standards. 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. Indemnification; Defense; Cooperation. (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, promptly 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 termination of this Agreement.

9. Insurance. (a) Types and Amounts. 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, (iii) compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) 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 connection 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 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.

10. Assignment; Amendment; Waiver; Subcontracting. This Agreement and the rights 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. Termination. (a) Generally. This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor, (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) 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 rise to 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.

12. Accounting Procedures; Records. The Contractor shall maintain and retain, for a 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. Limitations on Actions and Special Proceedings against the County. No action or 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) Time Limitation. 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.

18. 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 Agreement. 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

By: Mitchell K. Kornet
Name: Mitchell Kornet
Title: owner
Date: 1-8-15

NASSAU COUNTY

By: Charles Rebando
Name: Charles Rebando
Title: Deputy County Executive
Date: 2/27/15

PLEASE EXECUTE IN BLUE INK

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:)

COUNTY OF NASSAU)

On the _____ day 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

NOTARY PUBLIC

STATE OF NEW YORK)

)ss.:)

COUNTY OF NASSAU)

On the 27 day of February in the year 2015 before me personally came Charles Ribando me personally known, who, being duly sworn, did depose and said that (s)he resides in Nassau County; that (s)he is the County Executive or 0 Chief 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.

Conetta A. Petrucci
NOTARY PUBLIC

3 16 2015

STATE OF NEW YORK)
COUNTY OF NASSAU) ss.:

On the 8 day of January in the year 2014 before me personally came Mitchell Komet 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 _____, 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 Scarazzini

MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC6106842
Qualified in Nassau County
My Commission Expires March 15, 2016

STATE OF NEW YORK)
COUNTY OF NASSAU) ss.:

On the 8 day of January in the year 2014 before me personally came Mitchell Komet 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 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 of Nassau County.

NOTARY PUBLIC

Michele Scarazzini

- MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC6106842
Qualified in Nassau County
My Commission Expires March 15, 2016

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 anti-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 rates 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, color, 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. 14-2002, 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 and

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 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 EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.

(l) 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 arbitrator's 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 as 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 to each 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 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.
- e. 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 (l) 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 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 required.

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.

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

Date: 9 29 14 Mitchell Kornet DVM
1) Proposer's Legal Name: Mid Island Animal Hospital LLC
2) Address of Place of Business: 264 W. Old Country Rd, Hicksville NY
11801

List all other business addresses used within last five years:

3) Mailing Address (if different): _____
Phone: _____

Does the business own or rent its facilities? _____

4) Federal I.D. Number: 11 264 8297

5) Dun and Bradstreet number: _____

6) The proposer is a (check one): _____ Sole Proprietorship _____ Partnership _____
Corporation _____ Other (Describe) LLC

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) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, 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, or on behalf of an affiliated business.
Yes ☐ No ☒ 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

13) 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? No ☒ Yes ☐ If Yes, provide details for each such charge. _____

b) Any misdemeanor charge pending? No ☒ Yes ☐ 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? 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 ☒ Yes ____ 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? No ☒ Yes ____; If Yes, provide details for each such instance. _____

For the past (5) tax years, has this business 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. 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.

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 the County 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:

- 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 years

- 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 Huntington Animal Hospital

Contact Person Jeffrey Kromer DVM

Address 113 Walt Whitman Rd

City/State Huntington N.Y. 11746

Telephone 631 423-7020

Fax # _____

E-Mail Address _____

Company Long Island Animal Hospital

Contact Person Adam Krawczyk DVM
Address 793 Old County Rd Westbury NY
City/State Westbury NY
Telephone 516 333 0400
Fax # _____
E-Mail Address _____

Company Central Animal Hospital
Contact Person Michael Woltz DVM
Address 317 Ardy Rd
City/State Scarsdale NY
Telephone 914 872 1250
Fax # _____

E-Mail _____
Address _____

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.

I, Michael Woltz, 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 30 day of September

2009

Notary Public

MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC6106842
Qualified in Nassau County
My Commission Expires March 15, 2011

Name of submitting business: Mid Island Animal Hospital

By: Mitchell Kornel

Print name

Mitchell Kornel

Signature

Owner

Title

1.8.15

Date

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 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

1. Principal Name Mitchell Kornet DVM
Home address 224 29 Delaware Ave
City/state/zip Jericho NY 11753
Business address 264 W Old Country Rd
City/state/zip Hicksville NY 11801
Telephone 516 681 5477
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____

2. Positions held in submitting business and starting date of each (check all applicable)
- President / / Treasurer / / Owner 8-12 83
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President / /
3. Do you have an equity interest in the business submitting the questionnaire?
NO YES Owner 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 questionnaire? NO YES If Yes, provide details.

4. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO YES
If Yes, provide details.
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 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:

- a. Been debarred by any government agency from entering into contracts with that agency? NO ☒ YES ☐ 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 contract cancelled for cause? NO ☒ YES ☐ 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 ☒ YES ☐ 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? NO ☒ YES ☐ 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.)

- a) Is there any felony charge pending against you? NO ☒ YES ☐ If Yes, provide details for each such charge.
- b) Is there any misdemeanor charge pending against you? NO ☒ YES ☐ 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? NO ☒ YES ☐ 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 ☒ YES ☐ If Yes, provide details for each such conviction.

9. 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.
9. 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 listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO ☒ YES ☐ If Yes, provide details for each such investigation.
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 Yes, 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

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.

I, [Signature], 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 8 day of January 2009. 20 ~~th~~

Michele Scarazzini
Notary Public

MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC6106842
Qualified in Nassau County
My Commission Expires March 15, 20 16

M. d. Ishel Amel Hosni
Name of submitting business

Mitchell Kort
Print name

[Signature]
Signature

Owner
Title

L. S. 15

Appendix L

Certificate of Compliance

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

1. The chief executive officer of the Contractor is:

Mitchell Kornet DVM (Name)
264 Wild County Rd (Address) Tricks, NY
516 681 5477 (Telephone Number)

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. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action _____ has _____ has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

5. 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.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

Dated

18th

Signature of Chief Executive Officer

Name of Chief Executive Officer

Sworn to before me this

8 day of January 2015

Michele Scarazzini
Notary Public

MICHELE A. SCARAZZINI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC6106842
Qualified in Nassau County
My Commission Expires March 15, 20

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: ANESTHESIA SERVICES			306	Semen Collection/Al	\$ 160.00
700	ECG Monitoring Service	\$ 75.00	307	Thyroid autoantibody	\$ 52.00
701	Gas anesthesia-Xrays	\$ 100.00	308	Cardiopel-routine exam	\$ 95.00
702	Gas anesthesia < 25 lbs	\$ 110.00	309	Cardiopel-stat exam	\$ 140.00
703	Gas anesthesia 26-60 lbs	\$ 115.00	Category Name: DENTAL SERVICES		
704	Gas anesthesia > 60 lbs	\$ 125.00	1800	Dental Cleaning	\$ 75.00
705	Gas Anesthesia/addtl hour	\$ 80.00	1801	Dental Cleaning-	\$ 88.00
706	Injectable anesthesia - Cats	\$ 80.00	1802	Dental Cleaning--	\$ 105.00
707	Injectable anesthesia - Dogs	\$ 90.00	1803	Dental Cleaning---	\$ 120.00
708	Tranquilization	\$ 55.00	1804	Oral pro-severe tartar	\$ 135.00
710	Local Anesthesia	\$ 55.00	1805	Extraction(s)	\$ 28.00
711	Electronic anesthesia monitor+	\$ 52.00	1806	Oral Surgery (dental related)	\$ 60.00
712	Oxygen - First Hour	\$ 50.00	1807	Deciduous teeth-extract 1	\$ 55.00
713	Oxygen additional hours	\$ 15.00	1808	Deciduous teeth-extract 2	\$ 80.00
714	Blood pressure monitor & IV	\$ 28.00	1809	Deciduous teeth-extract 3	\$ 105.00
715	Propofol anesthetic	\$ 22.00	1810	Deciduous teeth-extract 4	\$ 120.00
799	*Write In5	\$ 0.00	1811	Surgical tooth extract. major	\$ 300.00
Category Name: AVIAN-EXOTIC ANIMAL SERVICES			1812	Surgical tooth extract-inter	\$ 110.00
6000 (PRO.SERV/AVIAN+, 6000-6099)		\$ 0.00	1813	Surgical tooth extract-simple	\$ 80.00
6499 *Write In14		\$ 0.00	1898	EXTRACTIONS ARE ADDITIONAL	\$ 0.00
Category Name: BOARDING SERVICES			1899	*Write In8	\$ 0.00
1900 (BOARDING FEES, 1900-1920)		\$ 0.00	Category Name: DEWORMING SERVICES		
1901 Canine boarding <25#		\$ 23.00	2100	Deworming - inject. < 15 lbs	\$ 32.00
1902 Canine boarding 26-60#		\$ 28.00	2101	Deworming - inject. 15-30 lbs	\$ 35.00
1903 Canine boarding 61-90#		\$ 32.00	2102	Deworming - inject. 31-60 lbs	\$ 40.00
1904 Canine boarding >90#		\$ 38.00	2103	Deworming - inject. > 60 lbs	\$ 45.00
1905 Medication Fee (1)		\$ 1.00	2105	Deworming - oral	\$ 20.00
1906 Diabetic Boarding-daily fee		\$ 6.00	2106	Deworming - oral (pup/kitt)	\$ 8.00
1907 Feline boarding		\$ 20.00	2107	Deworming-oral(w/Office Visit)	\$ 14.00
1908 Canine boarding c med <25#		\$ 27.00	2199	*Write In11	\$ 0.00
1909 Canine boarding c med 26-60#		\$ 33.00	Category Name: EXAMINATION SERVICES		
1910 Canine boarding c med 61-90#		\$ 37.00	95	Miscellaneous Test/Treatments	\$ 0.00
1911 Canine boarding c med >90#		\$ 42.00	96	Urine Culture Neg	\$ 0.00
1912 Canine diabetic bd 61-90#		\$ 42.00	97	Heartworm Neg	\$ 0.00
1913 Canine diabetic bd >90#		\$ 47.00	98	Fecal Float Neg	\$ 0.00
1914 Feline boarding with med.		\$ 22.00	113	Leptospirosis Annual	\$ 35.00
1915 Feline diabetic boarding		\$ 35.00	114	Leptospirosis Vacc. #1 of 2	\$ 35.00
1916 Small Animal boarding		\$ 14.00	115	Leptospirosis Vacc. #2 of 2	\$ 35.00
1917 Bird boarding		\$ 12.00	116	Lyme Annual Vaccination	\$ 38.00
1918 Ferret Boarding		\$ 33.00	117	Lyme Vacc. Series #1	\$ 80.00
1919 Canine diabetic bd <25#		\$ 35.00	118	Lyme Vacc. Series #2	\$ 80.00
1920 Canine diabetic bd 26-60#		\$ 38.00	120	DA2PCPV Tri- Annual Vaccination	\$ 33.00
1922 Feline Boarding- Day Boarding		\$ 15.00	122	DA2PCPV Puppy 30 day	\$ 85.00
1923 Canine Boarding- Day Boarding		\$ 22.00	124	DA2PCPV Puppy Final 1 year	\$ 85.00
1947 Boarding w/ Fluids		\$ 15.00	125	Canine Influenza Vaccine	\$ 45.00
1990 * _ nights @ \$ _ per night +tax		\$ 0.00	128	FVRCP Tri-Annual Vaccination	\$ 33.00
1991 * _ nights @ \$ _ per night		\$ 0.00	129	FVRCP Kitten 30day	\$ 85.00
1999 *Write In9		\$ 0.00	130	FVRCP Kitten Final 1 year	\$ 85.00
Category Name: BREEDING SERVICES			131	FVRCP Kitten Vacc. #3 of 3	\$ 85.00
300 Vaginal Smear		\$ 35.00	132	FeLV Tri- Annual Vaccination	\$ 35.00
301 Progesterone Test-		\$ 65.00	133	FeLV Tri- Annual Vaccination	\$ 85.00
302 Progesterone Test		\$ 56.00	134	FeLV 30day	\$ 95.00
303 Semen Analysis (minor)		\$ 45.00	135	FeLV 1 year	\$ 42.00
304 Semen Analysis (major)		\$ 90.00	136	FIP Annual Vaccination	\$ 42.00
305 Artificial Insemination (comp)		\$ 160.00	137	FIP Vacc. Series #1 of 2	\$ 42.00
			141	Rabies Vacc., Canine 1 yr	\$ 85.00
			142	Rabies Vacc., Canine 2yr	\$ 35.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: EXAMINATION SERVICES (Cont.)			2027	Grooming by Professional	\$ 40.00
143	Rabies Vac., Feline 1yr	\$ 38.00	2051	Mitaban Dip only + mitaban bottle	\$ 70.00
144	Rabies Vac., Feline Kitten	\$ 90.00	2054	Remove mats (routine)	\$ 10.00
145	DA2PCPV + Rabies 1 year vac.	\$ 90.00	2055	Remove mats (severe)	\$ 25.00
146	DA2PCPV + Rabies 2 years vac. with Exam	\$ 90.00	2099	*Write In10	\$ 0.00
149	FVRCP,Rabies 1 year,FelV vac.	\$ 90.00	Category Name: HOSPITALIZATION SERVICES		
150	FVRCP,Rabies,FelV vac.	\$ 105.00	92	Technician Overnight Sun. 12pm- on	\$ 350.00
154	Ferret Distemper Vaccine	\$ 60.00	93	Technician Overnight Sat. 5 pm on	\$ 275.00
155	Ferret Rabies Vaccine	\$ 60.00	94	Technician Overnight Service	\$ 200.00
157	Ferret Rabies 1yr,Distemp.,vac	\$ 78.00	101	Fungal Culture - Negative	\$ 0.00
159	Bordetella Vaccination	\$ 38.00	456	Fresh Frozen Plasma 1 unit	\$ 160.00
160	Bordetella-without other serv.	\$ 48.00	1600	(FLUID THERAPY, 1600-1619)	\$ 0.00
161	Lyme Vaccination w/ other vac.	\$ 38.00	1601	Blood Transfusion Cat-type A bloodbank	\$ 295.00
162	Lyme Series #1 w/ other vac.	\$ 38.00	1602	Blood Transfusion Dog- single unit	\$ 195.00
163	Lyme Series #2 w/ other vac.	\$ 38.00	1603	Fluid Therapy IV First Bottle	\$ 72.00
164	DA2P-CPV Vaccine	\$ 40.00	1604	Fluid Therap Addtl Bottles	\$ 18.00
165	FVR-CP Vaccine (mlv)	\$ 35.00	1605	Fluid Therapy-daily care	\$ 50.00
166	Leukocell (FeLV) Vaccine	\$ 35.00	1606	Extension Set	\$ 4.00
167	FeLV w/other Vaccines	\$ 35.00	1607	Jugular Catheter	\$ 45.00
169	Rabies Vaccination, Canine 1yr	\$ 30.00	1608	Fluid therapy - burette	\$ 25.00
170	Rabies Canine w/other vaccines	\$ 30.00	1609	Subcutaneous Fluids	\$ 35.00
171	Rabies Feline w/other vaccines	\$ 30.00	1610	Fluids-Irrigation 500 ml bottl	\$ 10.00
173	DA2PCPV + RV1 vaccine	\$ 50.00	1611	T- connector	\$ 5.00
174	DA2PCPV + RV2 vaccine	\$ 50.00	1612	I.V. Adapter cap	\$ 4.00
175	FVR-CP + RV1	\$ 58.00	1613	Catheter cap	\$ 22.00
176	FVR-CP + RV2	\$ 58.00	1614	Burette	\$ 65.00
190	Corona vaccine	\$ 12.00	1615	IV catheter placement	\$ 126.00
191	Corona vaccine with other vac.	\$ 45.00	1615	IV catheter placement	\$ 65.00
192	Rabies Vaccine 1yr canine	\$ 45.00	1616	Central Ven Press. measurement	\$ 285.00
193	Canine Rabies 2 years	\$ 45.00	1618	Blood Transfusion Dog- double unit	\$ 0.00
194	Feline Rabies 1 year	\$ 45.00	1620	(DAILY CARE FEES, 1620-1639)	\$ 45.00
195	Feline Rabies 2 years	\$ 0.00	1621	Day Patient Care	\$ 60.00
199	*Write In0	\$ 34.00	1622	Cats Hospitalization	\$ 62.00
3230	Proheart 1-10#	\$ 38.00	1623	Dogs < 21 lbs Hospitalization	\$ 65.00
3231	Proheart 10.1- 20#	\$ 46.00	1624	Dogs 21-50 lbs Hospitalization	\$ 70.00
3233	Proheart 30.1- 40#	\$ 50.00	1625	Dogs > 51 lbs Hospitalization	\$ 60.00
3234	proheart 40.1-50 #	\$ 58.00	1626	Ferret Hospitalization	\$ 45.00
3258	Proheart 60.1- 70#	\$ 62.00	1627	Bird or Lab Animal Hospit.	\$ 50.00
3259	Proheart 70.1 -80#	\$ 51.00	1628	Catheter placement-IV	\$ 0.00
3260	Proheart 80.1-90#	\$ 70.00	1629	<Day Care-Reserved 1629-1639>	\$ 150.00
3261	Proheart 90.1-100#	\$ 95.00	1630	Intensive care	\$ 0.00
3315	Proheart 100.1-150#	\$ 110.00	1640	(HOSPITAL INJECT., 1640-1659)	\$ 12.00
3450	Proheart > 150#	\$	1659	Additional Injections	\$ 0.00
			1699	*Write In7	\$

Category Name: GROOMING-BATHING SERVICES

2000	Bath Medicated 20 lbs or less	\$ 38.00
2001	Bath Medicated 21 to 50 lbs	\$ 40.00
2002	Bath Medicated 51 to 80 lbs	\$ 42.00
2003	Bath Medicated 81 lbs or more	\$ 45.00
2004	Bath-Cosmetic	\$ 35.00
2005	Bath- boarding	\$ 24.00
2006	Ear Cleaning & Nails	\$ 25.00
2007	Bath Medicated Feline	\$ 35.00
2011	Bath - medicated more than 80#	\$ 44.00
2012	Bath-lyme sulfer	\$ 45.00
2013	Bath-Dermazole shampoo	\$ 60.00
2023	Groom- shave all hair per hour	\$ 70.00
2024	Groom - therapeutic/major	\$ 40.00
2025	Groom - therapeutic/minor	\$ 20.00

Category Name: INVENTORY-INHOUSE-EXPENDABLES

4300	(INVENTORY, 4300-4999)	\$ 0.00
4301	(FLUIDS, 4301-4399)	\$ 0.00
4325	Collar 10" and 12"	\$ 8.00
4326	Collar 15" through 30"	\$ 10.00
4327	Ringers Lactated 1000ml (bag)	\$ 7.00
4328	DAP Collar Small	\$ 42.00
4329	DAP Collar Med-Lg.	\$ 48.00
4400	(MAINT/WARD SUP., 4400-4499)	\$ 0.00
4500	(HOSP/GEN.MED SUP. 4500-4649)	\$ 0.00
4517	Syringe-Insulin U40 Box	\$ 24.00
4518	Butterfly 21ga	\$ 2.00
4519	Syringe tuberculin	\$ 0.50
4520	Syringe 6-12cc	\$ 1.00
4521	Syringes 35-60cc	\$ 2.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: INVENTORY-INHOUSE-EXPENDABLES (Cont.)			436	(HEMATOLOGY, 436-460)	\$ 0.00
4522	Syringes 3cc 22g or 20g	\$ 0.75	437	Ehrlichia canis titer	\$ 122.00
4555	Pill Gun	\$ 6.00	438	Buffy Coat	\$ 95.00
4557	Needles box 18g x 1" -100	\$ 18.00	439	CBC (complete blood count)	\$ 60.00
4558	Needles 18g x 1"	\$ 0.30	440	Eosinophil Count	\$ 30.00
4559	Needle 20ga x 1"	\$ 0.25	441	PCV (hematocrit)	\$ 23.00
4592	Venaset 73"	\$ 4.00	442	PCV Serial	\$ 16.00
4650	(LABORATORY SUP., 4650-4799)	\$ 0.00	443	Iron Profile	\$ 80.00
4800	(OFFICE/COMPUTER, 4800-4899)	\$ 0.00	444	Platelet Count	\$ 36.00
4900	(RADIOLOGY SUP., 4900-4999)	\$ 0.00	445	Pneumothorax Blood Screen	\$ 37.00
4999	Write-Off Services	\$ 0.00	446	Reticulocyte Count	\$ 47.00
Category Name: LABORATORY SERVICES			447	Van Willebrand's Titer	\$ 154.00
391	Cholesterol	\$ 40.00	448	Hyperthyroid check (1135)	\$ 92.00
392	Aldosterone Level	\$ 132.00	449	Protein/Creatinine ratio (363)	\$ 95.00
393	ACTH Response- Feline	\$ 72.00	450	Trichomonas PCR (inc. shipping)	\$ 93.00
393	ACTH Response- Feline	\$ 130.00	451	PCR GI Profile - Feline	\$ 170.00
394	Canine Influenza Titer Cornell	\$ 80.00	452	I-Stat EC8 blood chemistry	\$ 68.00
395	Distemper (IgG, IgM) Antech T555	\$ 113.00	453	Wisdom Panel	\$ 180.00
396	Lepto PCR Blood & Urine T978	\$ 140.00	454	Blood Processing Fee	\$ 55.00
397	Lepto PCR Urine T976	\$ 95.00	457	Immunophenotypic Staining VDX	\$ 240.00
398	Lepto Blood T974	\$ 95.00		Diagnostic	
399	Culture & Sens Combo Aerobic & Anaerobic	\$ 196.00	458	Zonisamide Level- Antech	\$ 191.00
400	(BLOOD CHEMISTRY, 400-435)	\$ 0.00	459	PCR GI Profile - Canine	\$ 196.00
401	Alkaline Phosphatase	\$ 40.00	460	PLI test-index Feline test 2493	\$ 72.00
402	Amylase	\$ 43.00	461	(MICROBIOLOGY, 461-479)	\$ 0.00
403	Bilirubin (direct)	\$ 43.00	462	Culture & Sens.-Aerobic	\$ 28.00
404	Bilirubin (total)	\$ 80.00	463	Culture & Sens.-bacterial (Urine)	\$ 28.00
405	TLI Feline Antech S16800	\$ 17.00	464	Culture-fungus in house	\$ 55.00
406	BUN (azo-stix)	\$ 45.00	465	TLI Canine Antech T230	\$ 136.00
407	Calcium	\$ 43.00	466	TLI/B12/Folate Antech SA 160 (Canine)	\$ 135.00
408	accu Plex 4	\$ 106.00	467	Culture-anaerobic	\$ 115.00
409	Cholinesterase	\$ 50.00	468	Culture-Salmonella/Campyl.	\$ 132.00
410	Creatinine	\$ 86.00	469	Culture-Blood	\$ 81.00
411	Fructosamine test -diabetics	\$ 40.00	470	Culture-fungus swab (ANTECH)	\$ 122.00
412	Glucose (sugar)	\$ 92.00	471	Cortisol/creat ratio (361)	\$ 103.00
413	Calcium-ionized	\$ 47.00	472	Free T4	\$ 90.00
414	Lipase (pancreas)	\$ 184.00	473	Protein C test-Cornell U	\$ 145.00
415	Calcium-ionized & PTH(S16595)	\$ 43.00	474	TLI B12 Folate Texas Feline	\$ 106.00
416	Phosphorus	\$ 40.00	475	Lyme C6 test	\$ 115.00
417	Potassium	\$ 75.00	476	BNP Cardiac Test	\$ 127.00
418	CBC, Miniscreen (910)	\$ 143.00	477	TLI/B12/Folate Antech SA275 (Feline)	\$ 43.00
419	CBC, SMA, UA	\$ 103.00	478	Triglyceride	\$ 122.00
420	SMA Profile (major)	\$ 121.00	479	Culture-fecal Sat, Camp, Shig, Ye	\$ 0.00
421	CBC, SMA Profile	\$ 74.00	480	(PARASITOLOGY, 480-499)	\$ 30.00
422	Miniscreen blood test (911)	\$ 40.00	481	Ear Mite Swab	\$ 38.00
423	Total Protein	\$ 58.00	482	Fecal Examination	\$ 43.00
424	BUN/Creatinine	\$ 139.00	483	Fecal antech laboratory T805	\$ 53.00
425	PTH	\$ 63.00	484	Giardia Elisa	\$ 57.00
426	Sodium and Potassium	\$ 81.00	485	Heartworm Microfilaria Knotts Test T390	\$ 43.00
427	Bile Acids-pre	\$ 123.00	486	Heartworm Exam (occult)	\$ 52.00
428	Bile Acids pre+post	\$ 118.00	487	Fecal-float and giardia elisa (test 405)	\$ 35.00
429	Glucose-serial exam (ANTECH)	\$ 18.00	488	Skin Scraping	\$ 47.00
430	Glucose-serial in house	\$ 143.00	489	Hemobartonella	\$ 35.00
431	Lead level-blood	\$ 132.00	490	Ear cytology slide	\$ 40.00
432	Clostridium enterotoxin	\$ 90.00	491	Albumin	\$ 79.00
433	D-Dimer	\$ 122.00	492	Heartworm test - feline	\$ 71.00
434	Pro BNP Test	\$ 191.00	493	Fecal-Occult Blood	\$ 81.00
435	PTH- RP		494	Biopsy-margin evaluation	\$ 139.00
			495	Fanconi Urine Test	\$ 212.00
			496	Fecal Pathogen (Antech code SA350)	\$ 38.00
			497	Fecal Direct	\$ 122.00
			498	Fecal Baerman	

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: LABORATORY SERVICES (Cont.)			556	Thyroid=FT4,T4,TSH,AutoAntibody (SA400)	\$ 196.00
499	Histopathology Lymphoma Profile VDX	\$ 350.00	557	Blood Collecting Fee	\$ 45.00
500	(PATHOLOGY, 500-519)	\$ 0.00	558	Cryptococcus titer	\$ 122.00
501	Bone Marrow Exam/incl. collect	\$ 240.00	559	Fungal profile serology	\$ 111.00
502	Cytology and aspirate	\$ 81.00	560	T4-Post post medication (4-6 hours)	\$ 56.00
503	Fluid analysis & cytology	\$ 164.00	561	FAVN Rabies Antibody Titer KSU w/o ship	\$ 200.00
504	Fluid analysis and collection	\$ 191.00	562	Lyme & RMSF titer-Antech381	\$ 101.00
505	Histopathology (biopsy)	\$ 113.00	563	Toxoplasmosis IgG/IgM (1326)	\$ 122.00
506	Histopathology (skin-biopsy)	\$ 175.00	564	Masticatory myositis test 1207	\$ 228.00
507	Histopathology- Biopsy extra sections	\$ 52.00	565	Toxoplasmosis IgG/IgM CSU	\$ 110.00
508	Histopathology-Cornell University/Idexx	\$ 165.00	566	Distemper/Parvo titer T565	\$ 108.00
509	Necropsy Service < 30 pounds	\$ 350.00	567	Thyroid Profile T4,IT4 SA370	\$ 122.00
510	Necropsy Service 30-60 lbs	\$ 350.00	568	Cortisol level	\$ 68.00
511	Necropsy Service 60 lbs +	\$ 72.00	569	Babesia canis titer	\$ 122.00
512	B-12 (Antech 838)	\$ 32.00	570	(TOXICOLOGY, 570-579)	\$ 0.00
513	Aspirate	\$ 52.00	571	Digoxin Assay	\$ 62.00
514	Bartonella western blot test	\$ 70.00	572	Phenobarbital level	\$ 94.00
515	PLI -canine (Idexx) (test 1849)	\$ 185.00	573	B12/Folate Assay (Antech S16195)	\$ 87.00
516	PCR for FIP Antech T600	\$ 81.00	574	Helicobacter test	\$ 79.00
517	Biopsy-surgical margin eval.	\$ 85.00	575	FIP Elisa (7B) proteins	\$ 57.00
518	Thyroglobulin Auto Antibody Test (T505)	\$ 400.00	576	Urinalysis-specific gravity	\$ 21.00
519	Mast Cell Markers (AMC)	\$ 495.00	577	Cytology-ear	\$ 35.00
520	Mast Cell Marker and Biopsy (AMC)	\$ 240.00	578	Blood type	\$ 75.00
521	Acetylcholine receptor test	\$ 85.00	579	Blood crossmatch	\$ 80.00
522	ACTH response test	\$ 143.00	580	(UROLOGY, 580-597)	\$ 0.00
522	ACTH response test	\$ 58.00	581	Urinalysis (complete)	\$ 43.00
523	Cortrosyn (per 0.10ml)	\$ 162.00	582	Urinalysis (Ketodistix)	\$ 10.00
524	Dexamethasone Suppression test	\$ 175.00	583	Urinalysis (multi stix)	\$ 20.00
525	Allergy Testing-IgE	\$ 106.00	584	FIP titer	\$ 66.00
526	Coombs test	\$ 85.00	585	Blood type and crossmatch	\$ 110.00
527	Brucellosis Titer	\$ 180.00	586	Urine Specific Gravity	\$ 21.00
528	PCR Flea/Tick Borne Assay - Canine	\$ 180.00	587	Stone analysis	\$ 83.00
529	PCR Flea/Tick Borne Assay - Feline	\$ 95.00	588	PT	\$ 42.00
530	ANA-antinuclear antibody test	\$ 38.00	589	PTT	\$ 40.00
531	Cytology (in house)	\$ 175.00	590	PT/PTT	\$ 89.00
532	FIV-Western Blot Test	\$ 57.00	591	GGT/Creatinine Ratio (code T930)	\$ 90.00
533	Feline Leukemia (Elisa)	\$ 101.00	592	Fibrinogen and D-dimer	\$ 110.00
534	Feline Leukemia (FA) Test	\$ 46.00	593	FSP	\$ 25.00
535	FIV Test	\$ 65.00	594	PT,PTT,Plate.,Fibrin,D-Dimer	\$ 166.00
536	FIV/FeLV Test	\$ 148.00	595	PT, PTT (SCA2000)	\$ 83.00
537	Insulin/Glucose ratio	\$ 110.00	596	Fel Ser II(FIV,FeLV,FIP,Toxo)	\$ 79.00
538	Parathormone/Calcium (Michigan)	\$ 110.00	597	Thyroid test-free T4 by dialys	\$ 117.00
539	Leptospirosis Titer-Cornell	\$ 275.00	598	Potassium Bromide Level	\$ 143.00
540	Adrenal Profile Test-Tennessee	\$ 101.00	599	*Write In3	\$ 0.00
541	Parvovirus Antigen	\$ 148.00	610	PLI- Canine/Feline snap test	\$ 55.00
542	Protein-Electrophoresis	\$ 59.00	624	Flow Cytometry- CSU + ship	\$ 220.00
543	Rheumatoid Factor	\$ 145.00	631	ACTH Resp. 4 hrs & 5 hrs Post	\$ 85.00
544	Fecal alpha 1 protease inhibitor	\$ 43.00		Trilostane	\$ 143.00
545	CPK serology #014	\$ 85.00	631	ACTH Resp. 4 hrs & 5 hrs Post	\$ 262.00
546	Lyme IgG	\$ 80.00		Trilostane	\$ 125.00
547	Lyme IgG/IgM	\$ 154.00	678	Fungal Histoplasmosis Ag-Urine	
548	Tick SerI-SA330 LY,RMSF,Ecanis	\$ 101.00	985	Trichomonas Fecal PCR to Texas	
549	PCR Hemoplasma Panel Feline	\$ 154.00	Category Name: MEDICATIONS DISPENSED-OTC		
550	Zinc Test	\$ 55.00	91	Reporting Fee	\$ 4.00
551	T4	\$ 63.00	2200	Aerokat	\$ 80.00
552	T3	\$ 175.00	2201	Albon tabs 250mg	\$ 15.00
553	Thyroid profile-TSH,FT4,T4 Test (SA380)	\$ 223.00	2202	Albon Liquid/oz	\$ 15.00
554	Lyme Western Blot test	\$ 57.00	2203	Albon Tabs 125mg	\$ 15.00
555	Rocky Mountain Spotted Fever				

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
2204	Amoxi-Drops 50mg/ml 15ml	\$ 15.00	2287	Primor 120	\$ 15.00
2205	Amoxi-Drops 50mg/ml 30ml	\$ 18.00	2288	Trimethoprim Sulfa Tabs 120mg	\$ 15.00
2206	Aluminum Hydroxide Powder 20dram	\$ 15.00	2289	Trimethoprim Sulfa Tabs 480mg	\$ 15.00
2207	Ammonil 500mg 1000ct	\$ 90.00	2290	Enrofloxacin 5	\$ 15.00
2208	Amoxicillin Tabs 100mg	\$ 15.00	2291	Baytril 22.7mg	\$ 15.00
2209	Amoxicillin Tabs 150mg	\$ 15.00	2292	Baytril 68 mg	\$ 15.00
2210	Amoxicillin Tabs 200mg	\$ 15.00	2293	Delete in January	\$ 125.00
2211	Amoxicillin Tabs 400mg	\$ 15.00	2294	Enalapril 2.5 mg	\$ 15.00
2212	Ampicillin Caps 250mg	\$ 50.00	2295	Enalapril 5 mg	\$ 15.00
2213	Ampicillin Caps 500mg	\$ 60.00	2296	Enalapril 10mg	\$ 15.00
2214	Allerderm Spot On	\$ 39.00	2297	Orbax 22.7	\$ 15.00
2219	Clindamycin Tablet 25mg	\$ 15.00	2298	Orbax 68mg	\$ 15.00
2220	Antirobe Caps 75mg	\$ 15.00	2299	Enalapril 20mg	\$ 15.00
2221	Antirobe 150mg	\$ 15.00	2300	Zeniquin 25 mg	\$ 15.00
2222	Clindamycin 150mg	\$ 12.00	2301	Zeniquin 50 mg	\$ 15.00
2223	Clindamycin Drops	\$ 15.00	2302	Zeniquin 100 mg	\$ 15.00
2224	Cefa Tabs 50mg	\$ 15.00	2303	Zeniquin 200 mg	\$ 15.70
2225	Cefa Tabs 100mg	\$ 15.00	2351	Aminophylline Tabs 100mg	\$ 15.00
2226	Cefa Tabs 200mg	\$ 15.00	2352	Cardoxin .15mg/ml (red)	\$ 18.00
2227	Cefadrops 15ml	\$ 14.00	2353	Cardoxin L/S .05mg/ml (grn)	\$ 18.00
2228	Cerumite	\$ 12.00	2354	Tussigon Tablets 5 mg	\$ 19.00
2229	Clindamycin 75mg	\$ 12.00	2355	Hydrocodone Syrup /oz	\$ 19.00
2230	Chloramphenicol Palmitate 100mg/ml per oz	\$ 18.00	2356	Sulfasalazine	\$ 9.00
2231	Chloramphenicol Tabs 50mg	\$ 15.00	2357	Adequan	\$ 12.00
2232	Chloramphenicol Tabs 100mg	\$ 15.00	2358	Mirtazapine 15mg	\$ 15.00
2233	Chloramphenicol Tabs 250mg	\$ 15.00	2359	Lasix Tabs 12.5mg	\$ 15.00
2234	Chloramphenicol Tabs 500mg	\$ 12.00	2360	Lasix Tabs 50mg	\$ 15.00
2235	Chloramphenicol Tabs 1 gm	\$ 15.00	2361	Hypimmune serum	\$ 15.00
2236	Clavamox Tabs 62.5mg	\$ 15.00	2362	Hydroxyurea 500mg Capsules	\$ 15.00
2237	Clavamox Tabs 125mg	\$ 15.00	2363	Mirtazapine 7.5mg	\$ 15.00
2238	Clavamox Tabs 250mg	\$ 15.00	2364	Lasix 40mg	\$ 15.00
2239	Clavamox Tabs 375mg	\$ 14.00	2365	Lasix 20mg	\$ 12.00
2240	Clavamox Drops	\$ 28.00	2400	Trifexis 5 -10#	\$ 12.00
2241	Cefadrops 50 ml	\$ 30.00	2401	Trifexis 10.1-20#	\$ 12.00
2242	Sientrol 20ml	\$ 55.00	2402	Trifexis 20.1- 40#	\$ 12.00
2243	Cerenia 24 mg 4 tablet/pk	\$ 15.00	2403	Trifexis 40.1-60 #	\$ 125.00
2244	Cerenia 60 mg 4 tablet/pk	\$ 26.00	2404	Trifexis 60.1-120 #	\$ 7.00
2245	Cerenia 160 mg 4 tablet/pk	\$ 38.00	2405	Arquel tablets 20 mg	\$ 13.00
2246	Sientrol 50ml	\$ 109.00	2406	Bone-Bac	\$ 54.00
2247	Cerenia 16mg 4 tablet pkg	\$ 15.00	2408	Frontline Plus dog 23 to 44 #	\$ 51.00
2253	<Open>0	\$ 0.00	2410	Frontline Plus Cats	\$ 53.00
2260	Verafloxx 25mg/ml 15ml	\$ 35.00	2413	Frontline Plus dogs up to 22#	\$ 55.00
2262	Metronidazole Suspension 50mg/ml per oz.	\$ 15.00	2414	Frontline Plus dogs 45- 88 #	\$ 56.00
2264	Metronidazole 250mg	\$ 15.00	2415	Frontline Plus dogs 89-132 #	\$ 62.00
2265	Metronidazole 500mg	\$ 15.00	2417	Nex Gard 10.1 - 24# 3 month	\$ 63.00
2266	Lysodren	\$ 15.00	2418	Nex Gard 24.1-60 # 3 month	\$ 64.00
2268	Metronidazole 62.5 mg tablet	\$ 32.00	2419	Nex Gard 60.1 - 121 # 3 month	\$ 15.00
2274	Cephalexin oral suspension 250/5ml bil.	\$ 15.00	2452	Acepromazine Tabs 10mg	\$ 15.00
2276	Cephalexin 500mg	\$ 15.00	2453	Acepromazine Tabs 25mg	\$ 15.00
2277	Cephalexin CAPSULES 250mg	\$ 15.00	2454	Filaribits 60 mg	\$ 19.00
2278	Tetracycline Caps 250mg	\$ 15.00	2455	Filaribits 120 mg 100 tablets	\$ 15.00
2279	Tetracycline Caps 500mg	\$ 15.00	2456	Filaribits 180 mg	\$ 19.00
2280	Primor 240	\$ 15.00	2461	Chlorpheniramine Tabs 4mg	\$ 19.00
2281	Primor 600	\$ 15.00	2481	Phenobarbital Tabs 1/4gr	\$ 19.00
2282	Primor 1200	\$ 12.00	2482	Phenobarbital Tabs 1/2gr	\$ 19.00
2283	Tribrissen Oral Susp. 49mg/ml	\$ 12.00	2483	Phenobarbital 1gr	\$ 5.00
2284	Tribrissen Tabs 30mg	\$ 12.00	2484	Phenylbutazone Tabs 100mg	\$ 40.00
2285	Tribrissen Tabs 120mg	\$ 12.00	2485	Potassium Bromide 10oz.	\$ 15.00
			2486	Zonisamide 25mg	\$ 15.00
			2487	Zonisamide 100mg	\$ 35.00
			2488	Gentle Leader Kit	\$ 4.00
			2489	NoSorb	\$ 9.00
			2490	Glucotest Purina Feline 1pkg	

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)			2600	Malakai Wipes 50ct	\$ 15.00
2491	Valium Tabs	\$ 9.00	2601	Panalog Ointment 15ml	\$ 14.00
2492	Oxyglobin 125 ml	\$ 210.00	2602	Panalog Ointment 30 ml	\$ 24.00
2493	Sucrafate tablets	\$ 15.00	2603	Mupirocin Oint. 2% 22g	\$ 20.00
2494	Genesis Spray	\$ 31.00	2604	Neo-Poly-Dex drops	\$ 21.00
2496	Syringe filled with medication	\$ 8.00	2605	Neo-Poly-Dex Oint Dexasporin	\$ 24.00
2497	DMSO	\$ 15.00	2606	Dexamethasone ophthalmic drops	\$ 24.00
2498	Potassium Bromide 250mg / 60 tablets	\$ 24.00	2607	Neo-poly Gramicidin Drops 10ml	\$ 25.00
2499	Glycoflex 250 tablets	\$ 20.00	2616	Tresaderm Solution 15ml	\$ 29.00
2500	Oral Cleansing Gel	\$ 15.00	2700	Percortin-V and syringes	\$ 220.00
2501	Timentin antibiotic--bottle	\$ 32.00	2701	Pellitol	\$ 12.00
2502	Metacam	\$ 24.00	2702	Doxepin 10mg	\$ 15.00
2503	Enisyl-F 100ml Pump	\$ 33.00	2703	Doxepin 25mg	\$ 15.00
2504	Morphine CRI/day	\$ 23.00	2704	Doxepin 50 mg	\$ 15.00
2505	Butorphanol CRI	\$ 23.00	2705	Doxepin 75mg	\$ 4.50
2506	Atopica 10mg	\$ 37.00	2707	Buprenex syringe	\$ 105.00
2507	Atopica 25mg	\$ 41.00	2708	Doxirobe application	\$ 15.00
2508	Atopica 50mg	\$ 64.00	2709	Prazosin 1mg capsule	\$ 42.00
2509	Atopica 100mg	\$ 105.00	2750	Miltaban dip bottle	\$ 8.00
2510	Suspension, Chicken Flavored 1oz	\$ 7.00	2751	Eyewash	\$ 14.00
2511	Onsior 6mg packet/3 tablets	\$ 15.00	2752	Injection-Doxycycline 100 mg vial	\$ 30.00
2512	Atopica for Cats 5 ml vial	\$ 45.00	2753	Cefotixin Bottle	\$ 30.00
2513	Mirtazapine 7.5mg/ml 5ML	\$ 18.00	2754	Ampicillin w/Sulbactam 1.5g w/prep +inj	\$ 15.00
2515	Apoquel 3.6mg	\$ 15.00	2799	Simplicaf 200	\$ 15.00
2516	Apoquel 5.4 mg	\$ 15.00	2800	Simplicaf 100mg	\$ 15.00
2517	Apoquel 16 mg	\$ 10.00	2801	Artificial Tears Ophl Soln	\$ 15.00
2555	Blitter Apple 8 oz.	\$ 105.00	2802	Artificial Tears ointment	\$ 32.00
2557	Tylan	\$ 15.00	2805	Atropine Oph Ointment 1%	\$ 36.00
2558	Cyproheptadine 4mg.	\$ 15.00	2806	Psittacosis serum liter	\$ 13.00
2559	Hydroxyzine 10 mg.	\$ 15.00	2807	Chloramphen Ophl 1% 3.5mg	\$ 15.00
2560	Hydroxyzine 25 mg.	\$ 15.00	2808	Chloramphen Ophl Soln 0.5%	\$ 15.00
2561	Hydroxyzine 50 mg.	\$ 15.00	2809	Metoclopramide	\$ 9.00
2562	Lomotil	\$ 15.00	2810	Bur-Otic	\$ 10.00
2563	Meclizine 25 mg.	\$ 27.00	2811	Bur-Otic HC	\$ 14.00
2564	Tylan .25 bottle	\$ 12.00	2813	Gentocin (only) Ophl Soln	\$ 9.00
2568	Cyproheptadine Syrup/ounce	\$ 9.00	2814	Gentocin Durafilm Ophl Soln	\$ 14.00
2569	Loperamide 2mg	\$ 90.00	2815	Gentocin Ophl Ointment	\$ 14.00
2572	Procrit	\$ 15.00	2816	Gentocin Otic Soln 7.5ml	\$ 18.00
2573	Torbutrol 5mg	\$ 15.00	2817	Gentocin Otic and DMSO	\$ 18.00
2575	Hydroxyzine 100mg	\$ 15.00	2818	Otomax	\$ 15.00
2576	Goodwinol Ointment 1oz	\$ 55.00	2819	Gentocin Otic 15 ml	\$ 34.00
2578	Clinicare Liquid case 12	\$ 8.00	2820	Mometamax	\$ 36.00
2579	Clinicare Liquid Can	\$ 10.00	2821	EasOtic 10 MI	\$ 31.00
2580	Liquichlor Ointment 10ml	\$ 15.00	2822	Surolan 15ml	\$ 5.00
2581	Lactulose syrup - /4 ounces	\$ 8.00	2824	Neo-Calglucon syrup	\$ 21.00
2582	Mitox Liquid 12ml	\$ 15.00	2825	Diclofenac Solution 2.5ml	\$ 18.00
2583	Dibenzyline 2.5mg	\$ 18.00	2828	Vetropolyclin Ophl Ointment 3.5g	\$ 13.00
2584	Lactulose syrup-bottle	\$ 7.00	2858	Adams Flea Dip 4oz	\$ 9.00
2585	Diltiazem transdermal/syringe	\$ 33.00	2862	Adams Flea Off Dust II 3oz	\$ 14.00
2586	Nolvadent 4oz.	\$ 15.00	2866	Adams Flea Off Mist 16oz	\$ 60.00
2587	Dibenzyline 5mg capsules	\$ 13.00	2867	Clomicalm 20 mg bottle 30 ct	\$ 44.00
2590	T8 Kelo Flush	\$ 12.00	2868	Clomicalm 5mg bottle 30 ct	\$ 76.00
2591	Chlorhexiderm Otic Soln 4oz	\$ 21.00	2869	Clomicalm 80mg bottle 30ct	\$ 24.00
2592	MalAcetic Otic 8 fl oz.	\$ 18.00	2870	Prednisolone Acetate Drops	\$ 4.00
2593	Oti-clens 4oz	\$ 14.00	2901	Domaboros solution	\$ 12.00
2594	Pyoben Gel 1oz	\$ 14.00	2902	DuraKyl Dip 4oz	\$ 44.00
2595	TrizEDTA 4fl oz.	\$ 13.00	2963	Miconazole Shampoo	\$ 14.00
2596	Pan Otic 2oz	\$ 15.00	2974	Sectrol Two-Way flea foam	\$ 13.00
2597	Digoxin tablets	\$ 14.00	2975	Sectrol Two-Way Pet Spry 15oz	\$ 35.00
2598	Animax/EnteDerm Ointment	\$ 18.00	2976	Preventic Dog Tick collar	\$ 138.00
2599	Malaseb Pledgets 60 ct		3001	MCT Oil	\$ 12.00
			3018	V-Kem dip	\$ 16.00
			3020	V-Kem Sipho + Fogger 12oz	

DEF. PRICE includes Pkg Fee, Min Price, and Round Off
 = Price of item when used as bundle

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
3021	Knockout premise spray	\$ 12.00	3333	C.E.T. Toothbrush	\$ 5.00
3030	VIP CAT DIP	\$ 13.00	3334	C.E.T. Chews Canine Medium	\$ 15.00
3032	Feline d/d 8.5#	\$ 49.00	3335	C.E.T. Toothpaste	\$ 11.00
3033	Feline M/D 5.5 oz. 24 cans/case	\$ 37.00	3336	C.E.T. fingerbrush	\$ 5.00
3100	Cosequin DS#132	\$ 72.00	3337	C.E.T. Chews Canine large 30ct	\$ 19.00
3101	Baytril Injectable	\$ 35.00	3338	C.E.T. Cat Oral Hygiene Kit	\$ 10.00
3102	Cosequin- small animals	\$ 58.00	3339	C.E.T. Chews Petite 24ea	\$ 9.00
3103	Baytril Otic	\$ 23.00	3340	C.E.T. Chews CATS 30ct.	\$ 18.00
3104	Cosequin for Cats	\$ 27.00	3341	C.E.T. Chews XLG 30 ct	\$ 30.00
3105	ArthriMax for Cats 6 oz.	\$ 39.00	3342	MAI-A-Kel Shampoo 8 fl oz.	\$ 17.00
3106	Dasuquin for Cats 84ct	\$ 32.00	3343	BPO-3 Medicated Shampoo	\$ 13.00
3107	Dasuquin Sm-Med Dog 150ct	\$ 82.00	3344	Chlorhexidine Shampoo 4%	\$ 15.00
3108	Dasuquin LG. Dog 150 ct.	\$ 94.00	3345	TrizChlor 4 Spray 8oz	\$ 10.00
3115	Centrine Tabs 0.2mg	\$ 10.00	3398	Vitamin K Tablet 5mg	\$ 15.00
3122	Laxatone 2.5oz	\$ 9.00	3399	Vitamin K Tablets 25 mg	\$ 15.00
3129	Tagamet Tabs 200mg	\$ 1.20	3400	Theophylline CR 200mg	\$ 15.00
3130	Tagamet 300mg	\$ 1.30	3401	Theophylline CR 300mg	\$ 15.00
3131	Mephyton Tablets	\$ 9.00	3402	Theophylline extend 100mg	\$ 15.00
3133	Pancreazyme Powder 8oz	\$ 125.00	3403	B-12 Injectable 100ml bottle	\$ 15.00
3134	Pancreazyme 12 oz	\$ 175.00	3404	B 12 Injectable 10ml w/syringes	\$ 20.00
3135	Viokase Tabs 425mg	\$ 0.00	3405	Meropenem 500mg/vial	\$ 20.00
3137	Miconazole Lotion	\$ 16.00	3410	Staph Lysate Inj	\$ 118.00
3138	Pel-Tinic	\$ 38.00	3411	Synotic 8 ml	\$ 22.00
3223	Heartgard 1-25#	\$ 47.00	3412	Synotic with Banamine	\$ 24.00
3224	Heartgard 26-50#	\$ 58.00	3414	Synotic (10ml) with Baytril 10(ml)	\$ 22.00
3225	Heartgard 51-100#	\$ 42.00	3417	Oplixcare	\$ 10.00
3232	Proheart 20.1 -30#	\$ 54.00	3418	Autologous Serum	\$ 70.00
3235	Proheart 50.1-60#	\$ 48.00	3451	Tobramycin 5ml	\$ 24.00
3236	Sentinel 2 to 10#	\$ 50.00	3457	Drontal Plus Small 2-25#	\$ 15.00
3237	Sentinel 11 to 25#	\$ 58.00	3458	Drontal Plus Medium 26-60#	\$ 16.40
3238	Sentinel 26 to 50#	\$ 68.00	3459	Drontal Plus Large > 45#	\$ 29.30
3239	Sentinel 51 to 100#	\$ 15.00	3460	Panacur 10 pound packet (3 per pack)	\$ 15.00
3240	Vetmedin 1.25mg	\$ 15.00	3461	Panacur 20 pounds	\$ 15.00
3241	Vetmedin 2.5mg	\$ 53.00	3463	Panacur 40 pound packet (3 per packet)	\$ 19.00
3242	Revolution pup/kit <5# 3pack	\$ 105.00	3464	Panacur liquid/ ounce	\$ 12.00
3243	Revolution Cats 5-15# 6pack	\$ 103.00	3465	Anipryl 15 mg / 30 tabs	\$ 113.00
3244	Revolution dog 05-10# 6pack	\$ 103.00	3466	Anipryl 10mg/30 tablets	\$ 125.00
3245	Revolution dog 11-20# 6pack	\$ 105.00	3467	Anipryl 5mg/30 tabs	\$ 100.00
3246	Revolution dog 21-40# 6pack	\$ 110.00	3468	Anipryl 30 mg/30ct	\$ 115.00
3247	Revolution dog 41-85# 6pack	\$ 7.00	3469	Anipryl 2mg/30 Tablets	\$ 98.00
3248	Capstar 2-25 single dose	\$ 8.00	3470	DermaBenSs shampoo 12oz	\$ 19.00
3249	Capstar over 25# single dose	\$ 42.00	3471	Capsule-empty gelatin	\$ 2.00
3250	Capstar 2-25 Package	\$ 43.00	3472	Optichamber and mask	\$ 85.00
3251	Capstar over 25# package	\$ 59.00	3473	Dermazole Shampoo 8 fl oz.	\$ 28.00
3252	Revolution Cats 5-15# 3pack	\$ 59.00	3494	Ofloxacin Ophthalmic Drops	\$ 15.00
3253	Revolution dog 05-10# 3pack	\$ 60.00	3495	Cortisoothe/Hydrocortisone 1% Shampoo	\$ 26.00
3254	Revolution dog 11-20# 3pack	\$ 59.00	3497	Resicort Conditioner	\$ 30.00
3255	Revolution dog 21-40# 3pack	\$ 63.00	3498	Elogesic 300 mg	\$ 15.00
3256	Revolution dog 41-85# 3pack	\$ 80.00	3499	ABS Antibarking Collar	\$ 180.00
3257	Revolution dog 85-130# 3pack	\$ 15.00	3500	Panmycin Aquadrops	\$ 16.00
3270	Vetmedin 5mg tablet	\$ 15.00	3501	Prozinc	\$ 125.00
3304	Diethylstilbesterol Tabs 1mg	\$ 24.00	3502	Feliway	\$ 35.00
3305	Incurin 1mg/tablet 30 qty	\$ 48.00	3503	Denosyl SD4 225mg	\$ 46.00
3316	Optimmune	\$ 44.00	3504	Denosyl SD4 90mg	\$ 34.00
3317	Cyclosporin oil 2%	\$ 15.00	3505	Elogesic 150mg	\$ 15.00
3322	Thyroid Tabs 0.6mg/100	\$ 15.00	3506	C.E.T. Oral Rinse	\$ 15.00
3323	Thyroid Tabs 0.2mg/100	\$ 15.00	3507	Ciprofloxacin Ophthalmic Drops	\$ 29.00
3324	Thyroid Tabs 0.3mg/100	\$ 18.00	3509	Denamarin 90mg	\$ 35.00
3330	Bactoderm	\$ 14.00	3510	Denamarin 225mg	\$ 52.00
3331	C.E.T. Dental Care Kit	\$ 14.00	3511	Denamarin 425mg	\$ 89.00
			3512	Denosyl 425mg 30ct	\$ 89.00
			3515	Reconcile 8 mg 30 tablets	\$ 46.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
3557	Relief Shampoo Boz.	\$ 15.00	3735	Dermoscent Spot-on 4 pipettes 0-22 # Dog	\$ 26.00
3558	Pramoderm Shampoo 8 oz.	\$ 12.00	3736	Dermoscent Spot-on 4 pipettes 22-45# Dog	\$ 30.00
3559	Epi-Soothe	\$ 10.00	3737	Dermoscent Spot-on 4 pipettes 45-90# Dog	\$ 32.00
3560	Betadine solution	\$ 9.00	3738	Dermoscent Spot-on 4 pipettes Cal	\$ 28.00
3563	Allerseb-T shampoo 8 oz.	\$ 12.00	3756	Derm caps	\$ 18.00
3564	Dermallay Spray 12oz	\$ 13.00	3757	Derm Caps ES #60	\$ 20.00
3565	DermalLyte Shampoo 12 oz	\$ 14.00	3762	Omega Tri-V Liquid Boz.	\$ 20.00
3566	Lyme plus dlp 16oz	\$ 22.00	3764	Omega Tri-V Caps Medium 60ct	\$ 12.00
3567	Potassium Gluconate Tablets	\$ 15.00	3768	Vetoryl 30mg 30 capsules	\$ 82.00
3568	Forbid	\$ 5.00	3769	Vetoryl 10mg 30 capsules	\$ 68.00
3569	Nolvasan Shampoo 8 ounces	\$ 27.00	3770	Omega Tri-V Caps Large 60ct	\$ 17.00
3570	Douxo Shampoo 6.8 oz	\$ 23.00	3771	Vetoryl 60 mg 30 caps	\$ 104.00
3571	Glycoflex 500 tablets	\$ 35.00	3776	Supplicol 5.0oz	\$ 7.00
3572	Benzoyl Peroxide 3% (BPO-3) Shampoo 16oz	\$ 15.00	3777	Nolvasan Soln 4oz.	\$ 12.00
3573	Oxydex HP Shampoo 6oz	\$ 10.00	3778	Pet Cal 60 Tablets	\$ 17.00
3574	Oxydex Shampoo 6oz	\$ 9.00	3779	Methimazole transdermal/syring	\$ 5.00
3575	Sulfoxydex 8 ounces	\$ 14.00	3782	Methimazole 5mg Tablets	\$ 15.00
3576	Mycodex Pearlescent	\$ 9.00	3784	Pet-tabs #60	\$ 14.00
3577	Clinicare powder	\$ 8.00	3785	Pet-Cal 180 Tablets	\$ 45.00
3578	Terramycin oph. ointment	\$ 23.00	3786	NutriVed	\$ 8.00
3579	Sebalyt Shampoo Boz	\$ 12.00	3787	pHydriol papers - roll	\$ 13.00
3580	Miconazole and Synotic Suspension	\$ 40.00	3788	FaVor Feline Vitamin 60ct	\$ 16.00
3581	Mycodex with Alrethrin	\$ 9.00	3789	Pet-tabs Plus 60ct	\$ 17.00
3583	Dexamethasone tabs 0.5mg	\$ 15.00	3790	Felovite	\$ 7.00
3584	Pearlyt Shampoo 12.oz	\$ 10.00	3791	Cisapride 5mg	\$ 15.00
3585	Malaseb Shampoo	\$ 17.00	3792	Etomidate vial	\$ 39.00
3594	Chloramphenicol Oph. Ointment	\$ 8.00	3793	Felimagazole 5 mg 100ct Bottle	\$ 30.00
3595	Erythromycin Ophthalmic Oint.	\$ 38.00	3794	Felimagazole 2.5mg 100ct Bottle	\$ 25.00
3596	Idoxuridine Ophthalmic Oint.	\$ 40.00	3795	Felimagazole 5mg	\$ 15.00
3597	Idoxuridine ophthalmic sol.	\$ 32.00	3796	Felimagazole 2.5mg	\$ 12.00
3601	Renacare Gel/ Renal K	\$ 16.00	3800	V.A.L. syrup bottle	\$ 42.00
3603	Proin 75mg	\$ 15.00	3801	Duragesic pain medication 25ug	\$ 41.00
3604	Proin/Uniflex 25mg	\$ 15.00	3802	Duragesic pain medication 50ug	\$ 60.00
3605	Proin/Uniflex 50mg	\$ 15.00	3803	Ivermectin 50ml	\$ 50.00
3652	Rimadyl 100mg 180ct.	\$ 265.00	3804	Duragesic pain medication 75ug	\$ 70.00
3653	Tramadol 50mg	\$ 19.00	3899	Medication	\$ 0.00
3655	Rimadyl 25mg	\$ 15.00	4524	Gentamicin Inj Syringe < 1ml	\$ 8.00
3656	Rimadyl 75mg	\$ 15.00	4553	Pill Pocket Canine Small	\$ 8.00
3657	Rimadyl 100mg	\$ 15.00	4554	Pill Pocket Feline	\$ 8.00
3658	Deramaxx 100	\$ 15.00	4556	Pill Pocket- Canine Large	\$ 10.00
3659	Deramaxx 25mg	\$ 15.00	4998	Canine Purina Gentle Snackers	\$ 7.00
3660	Dexamethisone injectable 100ml	\$ 15.00	Category Name: OFFICE VISITS		
3661	Deramaxx 75mg	\$ 15.00	1	Physical examination	\$ 65.00
3662	PREDNISOLONE Tabs 5mg	\$ 15.00	2	Medical Progress Check	\$ 50.00
3663	Prednisone Tabs 5mg	\$ 15.00	3	with Physical examination	\$ 0.00
3664	Prednisone Tabs 20mg	\$ 15.00	4	Shelter examination	\$ 0.00
3665	Medrol 4 mg	\$ 5.50	5	Canine Adult Care Plan	\$ 199.00
3666	Previcox 57mg	\$ 15.00	6	Office visit-courtesy	\$ 0.00
3667	Previcox 227mg	\$ 15.00	7	Feline Adult Care Program	\$ 151.00
3668	Prednisolone 5MG/ml LIQUID per oz	\$ 15.00	8	After Hours Exam	\$ 92.00
3699	DOXYCYCLINE 50 mg	\$ 15.00	9	Boarding Examination	\$ 32.00
3700	MINOCYCLINE Capsules 100 mg	\$ 13.00	10	Annual Physical Examination	\$ 65.00
3701	EctoKyl 3X Shampoo	\$ 30.00	11	Behavior consult and exam	\$ 75.00
3730	CranMate 60 quantity	\$ 35.00	12	Diabetic training	\$ 52.00
3731	FortiFlora	\$ 115.00	15	Anal Glands-express w/o exam	\$ 42.00
3732	Palladia 10mg / 30 ct	\$ 184.00	16	Anal sac-express--nurse	\$ 30.00
3733	Palladia 45mg/ 30 ct	\$ 500.00	20	Nebulization-daily	\$ 48.00
3734	Palladia 50 mg/ 30 ct		50	Nassau County Rabies Vaccine 1	\$ 15.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: OFFICE VISITS (Cont.)					
51	Nassau County Rabies Vaccine 2	\$ 15.00	3927	Feline s/d can 5.5 oz 24/case	\$ 40.00
99	*write in	\$ 0.00	3928	Canine Z/D Ultra allergen-free 25#	\$ 88.00
Category Name: OPERATING ROOM AND SUPPLIES					
1200	Tru-cut biopsy needle	\$ 90.00	3929	Feline c/d dry 4#	\$ 35.00
1599	*Write In6	\$ 0.00	3930	Feline c/d dry 8.5#	\$ 58.00
Category Name: PET ACCESSORIES					
87	Alpha Track 2 Glucose Meter	\$ 125.00	3931	Feline c/d dry 17.6#	\$ 4.00
88	AlphaTrack 2 Test Strips 50/bx	\$ 60.00	3932	Canine Z/D Individual can	\$ 41.00
89	AlphaTrack 2 Lancets 100/bx	\$ 22.00	3933	Feline k/d can 5.5 oz 24/case	\$ 40.00
3582	SulfOxyDex Shampoo 12fl oz.	\$ 18.00	3934	Feline c/d can 5.5 oz	\$ 68.00
4103	<Open>1	\$ 0.00	3935	Canine w/d dry 27.5#	\$ 57.00
4179	Pel Carrier	\$ 6.00	3936	Feline z/d case 5.5oz. 24/case	\$ 28.00
4180	Resco nail trimmer	\$ 12.00	3937	Canine Purina NF Case 12 13.3 oz.cans	\$ 51.00
4181	Nail Scissors - Whites	\$ 15.00	3938	Canine Purina NF dry 18#	\$ 37.00
4182	Flea comb	\$ 12.00	3940	Feline k/d dry 8.5#	\$ 25.00
4183	Feline Eliminator	\$ 8.00	3941	IVD Canine Renal MP 6# Dry	\$ 32.00
4184	Canine Eliminator	\$ 24.00	3942	Feline r/d dry 8.5#	\$ 35.00
4185	Muzzle - small, medium, large	\$ 12.00	3943	IVD Canine Hypoallergenic Adult	\$ 54.00
4186	Muzzle - extra large	\$ 13.00	3944	IVD Canine Renal MP 16.5#	\$ 96.00
4187	Soft Paws Nail caps kit	\$ 14.00	3945	IVD Canine Renal MP 24can/case	\$ 32.00
4299	*Write In12	\$ 0.00	3946	Feline w/d dry 8.5#	\$ 17.00
Category Name: PRESCRIPTION DIETS-MISC. FOODS					
3034	Feline r/d 17.6# Dry	\$ 57.00	3947	Feline w/d dry 4#	\$ 32.00
3670	Canine Metabolic 6 #	\$ 22.00	3948	Canine c/d 12 can case	\$ 25.00
3671	Canine Metabolic # 17.6	\$ 54.00	3949	Canine c/d dry 8.5#	\$ 48.00
3672	Canine Metabolic case 12can	\$ 35.00	3950	Canine c/d dry 17.6#	\$ 34.00
3673	Canine Metabolic 27.5#	\$ 75.00	3951	Canine c/d dry 35#	\$ 5.00
3900	<PRESC. DIETS, 3900-4099>	\$ 0.00	3952	Canine Prescription Individual Can	\$ 27.00
3901	Canine d/d can case 12pk	\$ 38.00	3953	Feline Purina UR dry 6#	\$ 28.00
3902	Canine d/d dry 8#	\$ 36.00	3955	Canine Purina EN canned case	\$ 53.00
3903	Canine d/d dry 17.6#	\$ 70.00	3956	Canine/feline a/d case 24 cans	\$ 2.00
3904	Canine L/D 12 Can Case	\$ 34.00	3957	Canine/feline a/d canned ea	\$ 16.00
3905	Canine g/d dry #8.5	\$ 29.00	3958	Feline r/d dry 4#	\$ 57.00
3906	Canine h/d can	\$ 30.00	3959	Feline w/d dry 17.6 #	\$ 55.00
3907	Canine J/D dry 27.5#	\$ 79.00	3960	Feline Purina UR dry 16#	\$ 19.00
3908	Canine h/d dry 17.6#	\$ 57.00	3962	Canine l/d dry 5#	\$ 69.00
3909	Canine l/d case 12pk	\$ 30.00	3964	Canine l/d dry 25#	\$ 22.00
3910	Canine l/d dry 8.5#	\$ 34.00	3965	Feline Purina OM dry 6#	\$ 79.00
3911	Canine l/d dry 17.6#	\$ 56.00	3966	Canine Purina DCO 32# dry	\$ 30.00
3912	Canine k/d 12 can case	\$ 30.00	3967	Canine J/D case	\$ 99.00
3913	Canine k/d dry 8.5#	\$ 32.00	3968	IVD Canine Hypoallergenic Adult PD	\$ 41.00
3914	Canine k/d dry 17.6#	\$ 53.00		25#	\$ 55.00
3915	Canine k/d dry 35#	\$ 90.00	3970	Feline Purina UR ST/Ox case 5.5 cans	\$ 40.00
3916	Canine Z/D 12 can case	\$ 46.00	3971	Feline d/d cans 5.5oz. 24 case	\$ 20.00
3917	Canine r/d 12 can case	\$ 28.00	3972	Feline l/d can 5.5 oz 24/case	\$ 45.00
3918	Canine r/d dry 8.5#	\$ 25.00	3973	Feline l/d dry 4#	\$ 22.00
3919	Canine r/d dry 17.6#	\$ 45.00	3975	Feline l/d can 5.5 oz 24/case	\$ 30.00
3920	Canine r/d dry 27.5#	\$ 66.00	3976	Feline l/d dry 4#	\$ 41.00
3921	Canine s/d 12 can case	\$ 34.00	3977	Canine g/d 12 can case	\$ 80.00
3922	Canine u/d 12 can case	\$ 30.00	3979	Feline DM case 5.5 cans	\$ 36.00
3923	Canine u/d dry 8.5#	\$ 29.00	3981	Canine u/d dry 27.5#	\$ 24.00
3924	Canine w/d 12 pk	\$ 28.00	3983	Feline r/d canned 5.5 ounces 24/case	\$ 5.00
3925	Canine w/d dry 8.5#	\$ 25.00	3984	Canine Purina HA dry 6#	\$ 62.00
3926	Canine w/d dry 17.6#	\$ 45.00	3985	Canine Treats 1 lb pouch	\$ 103.00
			3986	Canine Purina HA dry 16.5#	\$ 36.00
			3987	Canine Purina HA dry 32#	\$ 36.00
			3988	Canine z/d ultra 8#	\$ 3.00
			3989	Canine z/d low allergen 8#	\$ 70.00
			3991	Feline 5.5 individual can	\$ 98.00
			3992	Canine z/d ultra 17.6#	\$ 27.00
			3993	Canine z/d low allergen 25#	\$ 21.00
			3994	Feline z/d 4#	\$ 34.00
			3995	Canine Purina En formula 6# dry	\$ 37.00
			3996	Feline DM dry 6#	
			3997	Feline l/d 8.5 #	

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PRESCRIPTION DIETS-MISC. FOODS (Cont.)					
3998	Feline Purina HA 4#	\$ 26.00	4055	Eukanuba FELINE mod pH/O cs 12	\$ 23.00
3999	Canine n/d 12 can case	\$ 40.00	4056	Eukanuba FEL Skin & Coat Plus LB cs12	\$ 29.00
4000	Feline g/d 5.5 ounce case	\$ 40.00	4057	Eukanuba Maximum Calorie Case 12	\$ 27.00
4001	Eukanuba restricted cal. 5#	\$ 15.00	4058	Eukanuba response FP case 12	\$ 36.00
4002	Eukanuba restricted cal. 14#	\$ 36.00	4059	Eukanuba FELINE restr cal 18#	\$ 63.00
4003	Eukanuba restricted cal. 28#	\$ 66.00	4060	IVD Canine Renal LP 16# Dry	\$ 52.00
4004	Eukanuba response FP 6#	\$ 53.00	4061	IVD Canine Hypoallergenic Adult PV 17.6#	\$ 75.00
4005	Eukanuba response FP 15#	\$ 53.00	4062	Eukanuba FELINE restr cal cs12	\$ 22.00
4006	Eukanuba Response KO 15#	\$ 3.00	4063	Eukanuba restricted cal case12	\$ 34.00
4007	Eukanuba resp & max cal.form ind. cans	\$ 18.00	4064	IVD Canine Hypoallergenic Adult PV case	\$ 85.00
4008	Eukanuba Intestinal +5#	\$ 46.00	4065	IVD Feline Hypoallergenic Adult PV 8.8#	\$ 60.00
4009	Eukanuba Intestinal +15#	\$ 15.00	4066	IVD Feline Hypoallergenic Adult PV case	\$ 61.00
4010	Feline Tiki Cat 12can case	\$ 36.00	4067	Eukanuba response KO 30#	\$ 93.00
4011	Feline w/d can 5.5 oz 24/case	\$ 21.00	4069	IVD Canine Gastro Low Fat LF 6.6#	\$ 26.00
4012	Feline k/d dry 4#	\$ 54.00	4070	Feline Hypoallergenic Treats	\$ 4.00
4013	Feline z/d dry 8.5#	\$ 18.00	4072	Feline Purina NF 5.5 cans #24	\$ 41.00
4014	Feline s/d dry 4#	\$ 24.00	4073	Feline Purina NF Dry 6#	\$ 26.00
4015	Feline d/d 3.5#	\$ 2.00	4075	Fel IVD Pres. Diet Cans 5.5oz	\$ 2.50
4016	Hills Feline Prescription diet cans 5.5oz	\$ 7.00	4076	IVD Feline Hypoallergenic PD case	\$ 65.00
4017	Eukanuba rest-cal Rewards 24oz	\$ 75.00	4077	IVD Treats	\$ 9.00
4018	Eukanuba Intestinal + 30#	\$ 92.00	4078	IVD Feline Hypoallergenic PD 8.8#	\$ 60.00
4019	Eukanuba response FP 30#	\$ 34.00	4079	Canine l/d dry 17.6#	\$ 64.00
4020	IVD Feline Renal LP 7# Dry	\$ 2.00	4080	Feline Purina EN 5.5 oz case 24	\$ 43.00
4021	Eukanuba FEL 6oz individ cans	\$ 40.00	4081	Feline DM Dry 10#	\$ 50.00
4022	Feline M/D dry 8.5#	\$ 21.00	4082	IVD Canine Hypoallergenic Adult PR 17.6#	\$ 75.00
4023	Feline M/D 4# Dry	\$ 34.00	4083	IVD Canine Gastro Low Fat LF 17.6#	\$ 56.00
4024	IVD Feline Renal LP Modified 3.oz./24	\$ 20.00	4084	IVD Canine Hypoallergenic Adult PR 7.7#	\$ 35.00
4025	Eukanuba FELINE restr cal 4.5#	\$ 25.00	4088	IVD Canine Hypoallergenic Adult PV 7.7#	\$ 35.00
4026	Eukanuba FELINE urinary-s + pH/s 5.5#	\$ 49.00	4089	IVD Feline S/O 5.8oz case 24	\$ 44.00
4027	IVD Feline Renal LP case 24 6oz. cans	\$ 2.00	4090	IVD Feline Hypoallergenic PR 8.8#	\$ 60.00
4028	Eukanuba FELINE low pH/s eacan	\$ 25.00	4091	IVD Canine Gastro Low Fat LF 24can/case	\$ 63.00
4029	Eukanuba FELINE mod pH/O 5.5#	\$ 22.00	4092	IVD Canine Vegetarian 16.5# Dry	\$ 56.00
4030	IVD Canine Renal LP 5.5# Dry	\$ 2.00	4094	IVD Feline 2.5oz / 3oz. can	\$ 2.00
4031	Eukanuba FELINE mod pH/O ea cn	\$ 28.00	4096	IVD Canine Satiety Support 26.4#	\$ 68.00
4032	Eukanuba FELINE Intestinal + 5.5#	\$ 85.00	4097	IVD Canine Renal LP 24 cans case	\$ 66.00
4033	IVD Canine Hypoallergenic Adult PR case	\$ 27.00	4098	IVD Feline Hypoallergenic PR case	\$ 65.00
4034	Eukanuba Intestinal +Puppy 8#	\$ 1.75	4099	open	\$ 0.00
4035	Feline Tiki Cat individual can	\$ 3.00	4100	IVD Canine Hypoallergenic HP 17.6#	\$ 70.00
4036	Eukanuba 14 oz individual cans	\$ 23.00	4101	IVD Canine Hypoallergenic HP 7.7#	\$ 35.00
4037	Eukanuba response KO 6#	\$ 29.00	4102	IVD Canine Vegetarian Case	\$ 77.00
4038	Eukanuba FEL Renal Plus 5.5#	\$ 99.00	4104	IVD Canine Adult PD 17.6#	\$ 75.00
4039	IVD Canine Hypoallergenic Adult PV 25#	\$ 44.00	4105	IVD Feline HP 7.7#	\$ 52.00
4040	Eukanuba Senior Plus/ Joint 15#	\$ 84.00	4106	IVD Canine HP Mod. Cal 7.7#	\$ 36.00
4041	Eukanuba Senior Plus Joint 30#	\$ 19.00	4107	IVD Canine HP Mod. Cal 24.2#	\$ 98.00
4042	Euk Renal Plus 5.5#	\$ 45.00	4110	IVD Canine Cal. Control High Fiber case	\$ 67.00
4043	Euk Kidney-Renal Plus 15.5#	\$ 26.00	4111	Canine J/D 8.5#	\$ 29.00
4044	Euk Feline Optimum Weight Control 5#	\$ 73.00	4112	IVD Canine Hypoallergenic Adult PD case	\$ 79.00
4046	Euk K-9 Optimum Weight Control 30#	\$ 15.00	4113	IVD Canine Hepatic 7.7#	\$ 37.00
4047	Euk K-9 Optimum Weight Control 5.5#	\$ 75.00	4114	IVD Canine Hepatic 26.4#	\$ 96.00
4048	IVD Canine Gastro Low Fat LF 28.6#	\$ 43.00	4115	Euk Canine OptimumWeight Control 15#	\$ 38.00
4049	IVD Feline HE 24can case	\$ 24.00	4116	Feline OM Case	\$ 37.00
4050	Eukanuba FELINE Intestinal +case12	\$ 30.00	4117	IVD Feline MODERATE-CAL-S/O 3oz.	\$ 35.00
4051	Eukanuba Intestinal + case -12	\$ 63.00	4118	IVD Canine S/O MODERATE cal 17.6#	\$ 57.00
4052	Eukanuba FELINE urinary-s + low pH/s 20#	\$ 21.00			
4053	Eukanuba FELINE Urinary-s+ cs12	\$ 24.00			
4054	Eukanuba FEL Renal Plus cs 12	\$			

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PRESCRIPTION DIETS-MISC. FOODS (Cont.)			219	Enema Administration	\$ 65.00
4119	Feline T/D 4#	\$ 18.00	220	Euthanasia Services, See Below	\$ 0.00
4120	Feline T/D 8.5#	\$ 36.00	221	Euthanasia 15 lbs or less	\$ 65.00
4121	Feline Y/D 4#	\$ 25.00	222	Euthanasia 15 to 30 lbs	\$ 70.00
4122	Feline Y/D case	\$ 52.00	223	Euthanasia 30 to 60 lbs	\$ 75.00
4123	IVD Feline Gastrointestinal HE 8.8#	\$ 44.00	224	Euthanasia 60 lbs & over	\$ 85.00
4124	IVD Feline Gastrointestinal HE case	\$ 44.00	225	Euthanasia Lab animal/bird	\$ 50.00
4125	IVD Feline Gastro Fiber Response 8.8#	\$ 41.00	226	Eye-corneal staining fluorosce	\$ 25.00
4126	IVD Canine UC Low Purine 18#	\$ 61.00	227	Eye - tear test (Schirmer)	\$ 25.00
4127	IVD Canine Satiety Support 7.7#	\$ 27.00	228	Eye - tonometry	\$ 35.00
4128	IVD Canine Satiety Support 17.6#	\$ 52.00	229	Eye-Schirm/corneal fluor.stain	\$ 40.00
4129	IVD Canine S/O MODERATE case	\$ 74.00	230	Fluid Therapy - SC/ml (O.P.)	\$ 28.00
4130	IVD Canine Early Cardiac 17.6#	\$ 60.00	231	Heartworm Tx -injection-(not inclu. med)	\$ 68.00
4131	IVD Canine S/O MODERATE CAL 7.7#	\$ 33.00	232	Microfilaria Treatment	\$ 0.00
4132	IVD Canine S/O MODERATE Cal 7.7#	\$ 33.00	233	Obstetrical Assistance	\$ 350.00
4133	IVD Feline MODERATE CAL S/O 6.6#	\$ 36.00	234	Cremation, Processing Fee	\$ 45.00
4134	IVD Canine Moderate Cal PW 7.7#	\$ 40.00	235	Convenia Injection 0-15 #	\$ 65.00
4135	Euk Canine Mobility Plus #5	\$ 15.00	236	Convenia Injection 15.1-30#	\$ 78.00
4136	Feline Purina OM 16#	\$ 53.00	237	Convenia Injection 30.1-40#	\$ 88.00
4137	IVD Canine Cal Control HI PRO case	\$ 64.00	238	Convenia Injection 40.1-50#	\$ 98.00
4138	IVD Canine Cal Control 6.6#	\$ 24.00	239	Convenia Injection 50.1- 60#	\$ 109.00
4139	IVD Calorie Control 15.4#	\$ 47.00	240	Convenia Injection 60.1 - 70#	\$ 120.00
4140	Canine I/d Lowfat GI Restore case	\$ 32.00	241	Convenia Injection 70.1 -80#	\$ 130.00
4141	Feline Y/D 8.5#	\$ 48.00	242	Injection-Soludelta cortef 100	\$ 32.00
4142	Euk Feline 14# Low Residue intestinal +	\$ 61.00	243	Injection-Soludelta cortef 500	\$ 45.00
4143	IVD Feline S/O 3.3#	\$ 19.00	244	Injection- hospital treatment	\$ 12.00
4144	IVD canine Urinary S/O REGULAR case	\$ 72.00	245	Injection - CRI Pain Medication	\$ 48.00
4145	IVD Canine HP Small Breed 8.8#	\$ 41.00	246	Injection - Anzemet	\$ 35.00
4146	Feline Metabolic 8.5#	\$ 36.00	247	Injection #1	\$ 25.00
4147	IVD Canine Diabetic 7.7#	\$ 26.00	248	Injection #2	\$ 39.00
4148	IVD Canine Diabetic case	\$ 66.00	249	Injection #3	\$ 46.00
4149	IVD Canine HP Case	\$ 77.00	250	Pedicure - courtesy	\$ 0.00
4153	IVD Canine Anallergenic 8.8#	\$ 47.00	251	Pedicure - nail trim	\$ 15.00
4995	Canine Purina OM case	\$ 28.00	252	Injection-Chloramphen/bottle	\$ 19.00
4996	Canine Purina OM 18#	\$ 43.00	253	Injection-Epogen	\$ 45.00
4997	IVD Feline Renal LP 2.5 #	\$ 15.00	254	Injection-Shock treatment	\$ 38.00
Category Name: PROF. SERVICES-PROCEDURES			255	Injection-subconjunctival	\$ 25.00
158	Nail Clip Large Bird	\$ 22.00	256	EKG-electrocardiogram	\$ 70.00
200	Ear flush - one ear	\$ 275.00	257	Endoscopic Exam/Services	\$ 100.00
201	Ear flush - 2 ears	\$ 295.00	258	Injection-Adequan/ ml + inj fee	\$ 20.00
202	Anal Sacs - infusion	\$ 40.00	259	Tracheal Wash/collection	\$ 285.00
203	Bandaging - routine	\$ 35.00	260	Tear duct flush	\$ 65.00
204	Injection-Cefatoxin bottle	\$ 14.00	261	Injection-Solumedrol bottle	\$ 48.00
205	Video otoscopy	\$ 22.00	262	Baytril injectable/ml + inj.	\$ 3.00
206	Centesis - abdominal	\$ 150.00	263	Injection- pain medication	\$ 24.00
207	CSF Tap	\$ 300.00	264	Injection-Avid FriendChip	\$ 48.00
208	Centesis - arthro (joint)	\$ 65.00	265	Injection- Baytril/ml + inj	\$ 3.00
209	Centesis - percutaneous	\$ 30.00	266	Injection-Pepsid/ml + inj. fee	\$ 5.00
210	Centesis - thoracic (chest)	\$ 155.00	267	Injection-Amik50mg/ml +inj fee	\$ 1.25
211	Cremation Services, See Below	\$ 0.00	268	Injection-Metronidazole/ml+inj	\$ 12.00
212	Cremation 1-24 lbs	\$ 80.00	269	Beak and nail clip	\$ 22.00
213	Cremation 25 to 49 lbs	\$ 85.00	270	Beak and wing clip	\$ 25.00
214	Cremation 50 to 74 lbs	\$ 95.00	271	Pluck Ears/Nails	\$ 20.00
215	Cremation 75 to 99 pounds	\$ 120.00	272	Wing Clip	\$ 20.00
216	Cremation 100-124	\$ 150.00	273	Teeth Clip-lab animal	\$ 28.00
217	Cremation > 125lbs	\$ 170.00	274	Rabbit Teeth Clip/Nails	\$ 40.00
218	Enema - deobstipate	\$ 185.00	275	Beak Clip	\$ 20.00
			276	Blood pressure measurement	\$ 45.00
			277	CPR-cardiopulmonary resusc.	\$ 275.00
			278	Injection-hypertonic saline	\$ 40.00
			279	Injection-Hetastarch	\$ 70.00
			280	Endoscopy-specialist/upto low	\$ 700.00
			281	Endoscopy & Ultrasound-Mob.vu	\$ 800.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PROF. SERVICES-PROCEDURES (Cont.)			Category Name: SURGICAL SERVICES		
283	Endoscopy-upper and lower	\$ 950.00	13	Cushings Disease Training	\$ 45.00
284	Injection-Rimadyl/ml	\$ 29.00	623	Echocardiogram	\$ 325.00
285	Injection Amika 250mg/ml +inj	\$ 8.00	628	Echocardiogram- Dr Reid	\$ 375.00
286	Special Serv.-late treatment	\$ 7.00	800	(BANDAGES & CASTS, 800-824)	\$ 0.00
287	Poison ingestion treatment	\$ 155.00	801	Bandaging - compression	\$ 32.00
288	Euthanasia <15 # in office	\$ 85.00	802	Bandaging - minor	\$ 30.00
289	Euthanasia 15-30# in office	\$ 90.00	803	Bandaging - moderate	\$ 40.00
290	Euthanasia 30-60# in office	\$ 95.00	804	Bandaging - Robert Jones	\$ 55.00
291	Euthanasia >60# in office	\$ 100.00	805	Bandaging - surgical extensive	\$ 55.00
292	Convenia Injection 80.1 - 90#	\$ 140.00	807	Casting - fiberglass	\$ 325.00
293	Convenia Injection 90.1-100#	\$ 150.00	808	Casting - Mason metasplint	\$ 200.00
294	Colonic Flush inc. Cytology	\$ 120.00	809	Casting - plaster	\$ 300.00
297	Insulin-CRI	\$ 48.00	810	Avulsed nail/bandage-minor	\$ 45.00
299	*Write In1	\$ 0.00	811	Casting - Thomas splint	\$ 300.00
455	Fresh Frozen Plasma Administration	\$ 80.00	812	Avulsed nail/bandage - major	\$ 90.00
3897	Medicine Administration 2x per day	\$ 22.00	825	(GASTROINTESTINAL, 825-859)	\$ 0.00
Category Name: RADIOLOGY SERVICES			826	Abdominal Exploratory	\$ 600.00
600	X-Ray-first view	\$ 92.00	827	Anal Sac(s) Abscess	\$ 285.00
601	X-Ray Addition View	\$ 72.00	828	Anal Sac(s) Removal	\$ 600.00
602	Recheck X-ray	\$ 65.00	829	Biopsy (gastrointestinal)	\$ 600.00
603	GI (barium) Series, cat	\$ 350.00	830	Enterotomy-remove foreign body	\$ 800.00
604	GI (barium) Series, dog	\$ 400.00	831	Gastric Lavage	\$ 325.00
605	Dental X-ray (1)	\$ 45.00	832	Gastric Torsion Complex	\$ 1,200.00
606	Dental X-ray (2)	\$ 55.00	833	Gastrotomy	\$ 800.00
607	Dental X-ray (3-5)	\$ 75.00	834	Gastrotomy Tube	\$ 350.00
608	Dental X-ray (>5)	\$ 95.00	835	Intestinal Anastomosis	\$ 850.00
609	Radiology Consultation Specialist	\$ 105.00	836	Intussusception	\$ 400.00
611	X-Ray Special Contrast Media Charge1	\$ 20.00	837	Liver Biopsy	\$ 120.00
612	X-Ray Special Contrast Media Charge2	\$ 30.00	838	Pharyngostomy Tube Placement	\$ 950.00
613	X-Ray Special Contrast Media Charge3	\$ 40.00	839	Anastomosis-Intestinal	\$ 400.00
614	IVP XRay-Urinary Tract, cat	\$ 400.00	840	Pyloroplasty	\$ 325.00
615	IVP XRay Urinary Tract, dog	\$ 325.00	841	Rectal Prolapse	\$ 650.00
616	Ultrasound	\$ 505.00	842	Salivary Mucocele	\$ 350.00
617	Ultrasound - 2 cavities	\$ 525.00	843	PEG tube placement	\$ 0.00
618	Ultrasound and Biopsy	\$ 95.00	860	(HEMATOPOETIC, 860-889)	\$ 800.00
619	Hip X-Ray	\$ 220.00	864	Splenectomy	\$ 800.00
620	Ultrasound guided biopsy only	\$ 115.00	865	Surgery Dr. Sevalia	\$ 0.00
621	Ultrasound guided aspirate	\$ 110.00	890	(MUSCULOSKELETAL, 890-949)	\$ 575.00
622	Sonogram screen	\$ 565.00	891	Amputation/digit(s)	\$ 900.00
625	Ultrasound - 2 cavities- Dr. Reid	\$ 375.00	892	Amputation/extremity	\$ 375.00
626	Ultrasound Dr. Reid	\$ 0.00	893	Amputation/tail	\$ 500.00
627	Ultrasound and Biopsy Dr Reid	\$ 0.00	894	Arthrotomy	\$ 150.00
629	Ultrasound guided aspirate Dr Reid	\$ 0.00	895	Biopsy (muscle or bone)	\$ 275.00
630	Ultrasound guided biopsy only Dr Reid	\$ 90.00	896	Biopsy lymph node	\$ 700.00
677	Ultrasound-Focused assessment	\$ 0.00	897	Cruciate Ligament Repair	\$ 475.00
699	*Write In4	\$ 92.00	898	Declaw Feline 4	\$ 325.00
4150	IVD Canine Anallergic 19.8#	\$ 39.00	899	Declaw Feline(2)	\$ 325.00
4151	IVD Feline Senior Consult 7.7#	\$ 42.00	900	Declaw Cat (rear)	\$ 400.00
4152	IVD Feline Senior Consult 24/5.8oz case	\$ 42.00	901	Declaw/Alter cat	\$ 125.00
Category Name: SPECIAL INFORMATION-SERVICE			902	Dewclaw Removal (puppy)	\$ 35.00
RET	Return/Credit	\$ 0.00	903	Dewclaw(s) & Tail(s)/Puppy	\$ 30.00
5000	*Balance exists from	\$ 0.00	904	Docking Tail(s) (only)	\$ 800.00
5001	NYS Reimburse spay/neut adjust	\$ 0.00	905	Femoral Head Osteotomy	\$ 900.00
5014	Returned Check Services	\$ 30.00	906	Fracture Repair/IM pinning	\$ 900.00
5015	Telephone & L/D Charges	\$ 0.00	907	Fracture Repair/KE apparatus	\$ 425.00
			908	Fracture Repair/Mandibular	\$ 400.00
			909	FX Repair/Mandibular Symphysis	\$ 400.00
			910	Hygroma Correction/Elbow	\$ 600.00
			911	Declaw Feline (all) with alter	\$ 400.00
			912	Hip Luxation Closed Reduction	\$ 400.00

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: SURGICAL SERVICES (Cont.)			1142	Biopsy (urogenital)	\$ 375.00
913	Hip Luxation Open Reduction	\$ 800.00	1143	Castration, See Below	\$ 0.00
914	Tendoneclomy	\$ 400.00	1144	Cryptorchid (dog)	\$ 450.00
915	Declaw over 2 years old	\$ 450.00	1145	Cryptorchid (cat)	\$ 350.00
916	Pedineus Myotendoneclomy	\$ 250.00	1148	Alter dog < 15# inc. pain med	\$ 250.00
918	Tendon Repair	\$ 450.00	1149	Alter dog 15-30# inc. pain med	\$ 260.00
919	Laparotomy	\$ 800.00	1150	Alter dog 30-60# inc. pain med	\$ 270.00
950	(NEUROLOGICAL, 950-969)	\$ 0.00	1151	Alter dog 60# + inc. pain med	\$ 300.00
951	Diaphragmatic hernia repair	\$ 900.00	1152	Alter Feline	\$ 120.00
970	(OPHTHALMIC, 970-1019)	\$ 0.00	1153	Scrotal Ablation	\$ 425.00
971	Chalazion	\$ 160.00	1154	Testicular Tumor	\$ 450.00
973	Enucleation	\$ 800.00	1155	Anal Sac Resection	\$ 750.00
974	Eyelid Surgery/major	\$ 500.00	1156	Perianal adenoma	\$ 550.00
975	Eyelid Surgery/major x 2	\$ 425.00	1157	Perianal Adenoma/Castration	\$ 700.00
976	Eye-Grid Keratotomy	\$ 225.00	1159	Cystotomy - Cat	\$ 600.00
977	Conjunctival Flap	\$ 300.00	1160	Cystotomy - Dog	\$ 650.00
978	Eyelid Tumor Removal	\$ 400.00	1161	Cesarian Section	\$ 600.00
980	Laceration (corneal)	\$ 400.00	1162	Urethrostomy	\$ 800.00
981	Laceration (lid)	\$ 350.00	1163	Cystotomy/urethrotomy	\$ 900.00
982	Nasolacrimal Flush/cath	\$ 60.00	1164	Urohydropulsion	\$ 325.00
983	Nictitans Eye Flap	\$ 110.00	1165	Mastectomy (Cat)	\$ 500.00
984	Eye-replace gland of nictitans	\$ 400.00	1166	Mastectomy (Dog)	\$ 650.00
990	Esophagostomy tube	\$ 175.00	1168	Nephrectomy	\$ 800.00
1020	(RECONSTRUCTIVE, 1020-1049)	\$ 0.00	1169	Nephrotomy	\$ 300.00
1021	Hernia (diaphragmatic)	\$ 900.00	1170	Ovariohysterectomy, See Below	\$ 0.00
1022	Hernia (inguinal)	\$ 800.00	1174	Pyometra, canine	\$ 250.00
1023	Hernia (perianal)	\$ 800.00	1175	Pyometra, feline	\$ 200.00
1025	Laceration (major)	\$ 400.00	1176	Spay dog <15 lbs inc. pain med	\$ 285.00
1026	Laceration (minor)	\$ 250.00	1177	Spay dog 15-30 # inc. pain med	\$ 325.00
1027	Laceration (intermediate)	\$ 300.00	1178	Spay dog 30-50 # inc. pain med	\$ 325.00
1028	Hernia-Umbilical w/Spay	\$ 160.00	1179	Spay dog 51-80# inc. pain med	\$ 340.00
1029	Hernia-Umbilical w/Alter	\$ 200.00	1180	Spay dog 80 lbs+ inc. pain med	\$ 450.00
1030	Hernia-Umbilical - Dog	\$ 350.00	1181	Spay feline including pain med	\$ 295.00
1031	Hernia-Umbilical - Cat	\$ 350.00	1182	Spay feline/heat inc. pain med	\$ 380.00
1050	(RESPIRATORY, 1050-1074)	\$ 0.00	1183	Spay feline preg./inc pain med	\$ 675.00
1053	Nasopharyngeal Polyp Removal	\$ 300.00	1184	Spay cat + Decl 4 inc pain med	\$ 575.00
1054	Stenotic Nares Repair	\$ 325.00	1185	Spay cat/declaw(2) inc pain med	\$ 550.00
1055	Thoracotomy	\$ 1,000.00	1186	Spay Rabbit	\$ 400.00
1057	Tracheotomy	\$ 300.00	1187	Alter-Ferret	\$ 80.00
1058	Partial Laryngectomy	\$ 350.00	1188	Descent-Ferret	\$ 200.00
1059	Nasal flush feline	\$ 90.00	1189	Alter rabbit	\$ 325.00
1075	(INTEGUMENT/EAR, 1075-1119)	\$ 0.00	1192	Urethrostomy/feline male	\$ 900.00
1077	Biopsy (skin)	\$ 150.00	1193	Urinary Obstruction/canine	\$ 275.00
1079	Hematoma-Aural	\$ 325.00	1194	Urinary Obstruction/feline	\$ 225.00
1080	Ear Resection (bilateral)	\$ 625.00	1195	Spay ferret	\$ 120.00
1081	Ear Resection (unilateral)	\$ 800.00	1196	Spay mature dog-surgical fee	\$ 325.00
1087	Lip Fold Correction	\$ 400.00	1197	<Open>	\$ 0.00
1088	Nasal Fold Excision	\$ 225.00	1199	*Surgery	\$ 0.00
1089	Mass Removal-external (major)	\$ 600.00	1617	Fluids to start on arrival at the Hosp.	\$ 0.00
1090	Mass Removal-external (minor)	\$ 200.00	1921	Boarding Additional Day(s)	\$ 0.50
1091	Abscess treatment	\$ 275.00	1955	Apomorphine Administration	\$ 80.00
1092	Thyroidectomy	\$ 800.00	2495	Valium Syringe	\$ 14.00
1120	(SPECIAL/MISC., 1120-1139)	\$ 0.00	3098	Arthogen 32 oz.	\$ 47.00
1121	Abdominal Tap- Drain Fluid	\$ 150.00	3508	Vetsulin 10ml	\$ 44.00
1122	Thoracic Tap - Drain Fluid	\$ 155.00	3586	Keta Chlor Shampoo	\$ 20.00
1123	Operating Room Fee	\$ 300.00	3763	Omega Tri-V Caps Small 60ct	\$ 12.00
1128	Mass Removal-internal (major)	\$ 800.00	3961	Canine Hypoallergenic Treats	\$ 10.00
1129	Mass Removal-internal (minor)	\$ 700.00	3978	IVD Canine Prescription can	\$ 4.00
1130	Microchip Ident implant	\$ 68.00	4071	IVD Feline Prescription can 6oz	\$ 9.00
1140	(UROGENITAL, 1140-1157)	\$ 0.00	4188	Soft Paws Application	\$ 45.00
1141	Biopsy (kidney)	\$ 375.00	4523	Amikacin Injection Syringe <1ml	\$ 15.00