

E-156-17

Contract ID#: CQDA15000004  
CLDA17000009

Department: District Attorney

**Contract Details**SERVICE Veterinary ServicesNIFS ID #: CLDA17000009NIFS Entry Date: 04/18/17 Term: 03/01/17 -- 02/28/18

New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
Amendment <input type="checkbox"/>
Time Extension <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>
RES#

1) Mandated Program:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3) CSEA Agreement § 32 Compliance Attached:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5) Insurance Required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**Agency Information**

Vendor	
Name Mid Island Animal Hospital	Vendor ID# 11-2648297
Address 264 West Old Country Road  Hicksville, NY 11501	Contact Person Barbara Reynolds  Office Manager  Phone (516) 681-5477

County Department
Department Contact Robert McManus
Address Nassau County District Attorney's Office  262 Old Country Rd.  Mineola, NY 11501
Phone (516) 571-3354

**Routing Slip**

DATE Rec'd	DEPARTMENT	Internal Verification	DATE App'd & Fw'd	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) <input checked="" type="checkbox"/> NIFS Appvl (Dept. Head) <input checked="" type="checkbox"/> Contractor Registered <input checked="" type="checkbox"/>	4/18/17 4/19/17	Vicki And H. M. Sk	
4/19/17	OMB	NIFS Approval (Contractor Registered) <input checked="" type="checkbox"/>	4/19/17	William Galt	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
4/27/17	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	4/27/17	J. Samples	Yes <input type="checkbox"/> No <input type="checkbox"/>
4/28/17	County Attorney	CA Approval as to form <input type="checkbox"/>	4/28/17		
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>			
	County Attorney	NIFS Approval <input type="checkbox"/>			
	Comptroller	NIFS Approval <input type="checkbox"/>			
6/22/17	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	6/22/17	Carly Hall	



## Contract Summary

<b>Description:</b> This is an amendment to extend an existing agreement for veterinary services for a facility dog at the Special Victims Bureau of the District Attorney's Office. This amendment extends the expiration date to February 28, 2018.
<b>Purpose:</b> The services to be provided by the Contractor under this Agreement shall consist of canine veterinary services, which will include but not be limited to diagnostic exams, emergency medical care, emergency surgery, kennel calls for both emergencies and routine care and other related services to promote the health and well-being of the dog assigned to the District Attorney's Office Special Victims Bureau.
<b>Method of Procurement:</b> Sole Source due to location and familiarity with the dog's treatment and medical history.
<b>Procurement History:</b> N/A
<b>Description of General Provisions:</b> This is an extension of an existing agreement with Mid Island Animal Hospital to provide veterinary services to a trained facility dog previously donated to the District Attorney's Office. The dog's function is to help vulnerable and frightened victims and witnesses – particularly children – to feel more comfortable discussing traumatic or violent events or experiences. The amount of the original agreement was \$5,000.00 and ample funding remains from that amount to cover the term of this extension.
<b>Impact on Funding / Price Analysis:</b> This agreement will be funded by discretionary forfeiture funds with no cost to Nassau County.
<b>Change in Contract from Prior Procurement:</b> No change.
<b>Recommendation:</b> Approve as submitted.

## Advisement Information

BUDGET CODES	
Fund:	GRT
Control:	DA89
Resp:	DA 891A
Object:	DE 500
Transaction:	CQ

RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$
Federal	\$
State	\$.01
Capital	\$
Other	\$
<b>TOTAL</b>	<b>\$.01</b>

LINE	INDEX/OBJECT CODE	AMOUNT
1	DAGRT891AOTH/DE500	\$.01
2		\$
3		\$
4	APPROVED: <i>[Signature]</i> 4/27/17	\$
5	INSURANCE SECTION	(\$412)
6		\$
<b>TOTAL</b>		<b>\$.01</b>

Document Prepared By: **R. McManus**

Date: **04/18/17**

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 <i>[Signature]</i>
Name	Name	Date <i>6/22/17</i>

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 DISTRICT ATTORNEY AND  
MID ISLAND ANIMAL HOSPITAL

WHEREAS, the County has negotiated an amendment to a personal services agreement with Mid Island Animal Hospital to provide canine veterinary services, including emergency care and surgery, for the dog(s) assigned to the Department's Special Victims Bureau, 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.



## Nassau County Interim Finance Authority

### Contract Approval Request Form

(As of March 2017)

Mid Island Animal Hospital

**1. Vendor:**

**2. Dollar amount requiring NIFA approval:** \$ .01

**Amount to be encumbered:** \$ .01

This is a ☐ New Contract ☐ Advisement ☒ 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:** 03/01/17 - 02/28/18

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

If yes, please explain: Ongoing agreement - (no services provided since 03/01/17)

**4. Funding Source:**

<input type="checkbox"/> General Fund (GEN)	<input type="checkbox"/> Grant Fund (GRT)
<input type="checkbox"/> Capital Improvement Fund (CAP)	Federal % <u>        </u>
<input type="checkbox"/> Other	State % <u>100</u>
	County % <u>        </u>

Is the cash available for the full amount of the contract? ☒ Yes ☐ No  
If not, will it require a future borrowing? ☐ Yes ☐ No

Has the County Legislature approved the borrowing? ☐ Yes ☐ No N/A

Has NIFA approved the borrowing for this contract? ☐ Yes ☐ No N/A

**5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:**

This is a one year extension of an agreement to provide canine veterinary services to promote the health and well-being of the District Attorney's Office service dog. The service dog is trained to assist victims and witnesses in sensitive cases, particularly children in abuse cases.

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

Nassau County Attorney as to form	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Nassau County Committee and/or Legislature	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Date of approval(s) and citation to the resolution where approval for this item was provided:**

Original agreement for \$5,000.00 executed by County on 02/27/15.

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

CQDA15000004/CLDA16000007  
03/01/16 - 02/28/17 \$ .01

## 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.

Roseanne Bell 4/25/17  
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

Amount being approved by NIFA: \_\_\_\_\_

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

\_\_\_\_\_  
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.**

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

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**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.**

This is a renewal of a contract that was awarded the county by the state and federal government to enhance and expand the work done in the schools under the first contract. See Staff Summary.

**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

04/18/17  
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.***  
*Compt. form Pers./Prof. Services Contracts: Rev. 09/15*



MADLINE SINGAS  
DISTRICT ATTORNEY

OFFICE OF  
THE DISTRICT ATTORNEY  
NASSAU COUNTY

**To:** Office of the Comptroller  
Office of Management and Budget

**From:** Jeffrey M. Stein  
Chief Administrative Officer

**Date:** 04/18/17

**Re:** Sole Source Justification – Mid Island Animal Hospital

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This agreement with Mid Island Animal Hospital is to provide veterinary services to “Megga”, a “facility dog” trained to assist victims and witnesses in sensitive cases, primarily children in abuse cases. The dog was provided free of charge by Canine Companions for Independence. Canine Companions is a national organization that trains both dogs and their handlers is assisting in stressful scenarios for victims and witnesses – especially children – such as those frequently faced in a prosecutor’s office. The dog is trained to help vulnerable and frightened victims and witnesses feel more comfortable discussing traumatic or violent events.

A competitive bidding process would not be appropriate due to the fact that Mid Island Animal hospital is familiar with Megga due to having treated her since she was a puppy. In addition, the location of Mid Island Animal Hospital is convenient and nearby to both the Nassau County District Attorney’s Office and the home of the Assistant District Attorney assigned to caring for the dog in the event of an emergency.



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 Idol Anul Kosro D  
Signed: Mitchell Kornet DM  
Print Name: M. Feld Kornet  
Title: DM

## 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 Karnet  
Date of birth 3/4/55  
Home address 29 Delancey 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. D19C6106842  
Qualified in Nassau County  
My Commission Expires March 15, 2020

Name of submitting business: Mid Island Animal Hospital

By: Mitchell Kurnet  
Print Name  
Mitchell Kurnet  
Signature

Owner  
Title

4.19.17  
Date

# **MID ISLAND** **ANIMAL HOSPITAL**

264 W. Old Country Road Hicksville, New York 11801  
[www.midislandvet.com](http://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; 1964
- 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 \_\_\_\_\_

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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, 2022

Name of submitting business: Mid Island Animal Hospital

By: Mitchell Kornet DVM Print

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/oa/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  
\_\_\_\_\_

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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

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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

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(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: [Signature]

Print Name: Michael Kornet

Title: Owner

## **AMENDMENT NO. 2**

AMENDMENT (together with any appendices or exhibits 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 Nassau County District Attorney's Office, having its principal office at 262 Old Country Road, Mineola, New York 11501 (the "**Department**") and (ii) **Mid Island Animal Hospital**, having its principal office at **264 West Old Country Road, Hicksville, New York 11801** (the "**Contractor**").

### **WITNESSETH:**

WHEREAS, pursuant to County contract number CQDA15000004 between the County and the Contractor, executed on behalf of the County on February 27, 2015, as amended by amendment one (1), County contract number CLDA16000007, executed on behalf of the County on June 30, 2016 (the "**Original Agreement**"), the Contractor provides canine veterinary services to promote the health and well-being of the dog assigned to the Department's Special Victims Bureau, 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 is from March 1, 2015 until February 29, 2017, with two (2) one (1) year options to renew, and subject to early termination as provided for under the Original Agreement (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 Five Thousand Dollars (\$5,000.00) (the "**Maximum Amount**"); and

WHEREAS, the County desires to exercise one (1) of the two (2) renewal options by extending the Original Term.

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


**1. Renewal of Term.** The Original Agreement shall be renewed and thereby extended by one (1) year, so that the termination date of the Original Agreement, as amended by this Amendment (the "**Amended Agreement**"), shall be February 28, 2018, subject to early termination as provided for under this Amended Agreement.

**2. Payment.** (a) **Amount of Consideration.** The County agrees to pay the Contractor pursuant to the amended rate schedule for Services provided which is attached hereto as "Appendix A-2" and incorporated herein by reference.

**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.

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

MID ISLAND ANIMAL HOSPITAL

By:   
Name: Mitchell Korn  
Title: owner  
Date: 7/30/17

NASSAU COUNTY

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: County Executive  
☐ Deputy County Executive  
Date: \_\_\_\_\_

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)  
COUNTY OF NASSAU)

On the 30 day of March in the year 2017 before me personally came Mitchell Kovat to me personally known, who, being by me duly sworn, did depose and say that she resides in the County of Kasaan; that he or she is the of Mid Island Animal Hospital the corporation described herein and which executed the above instrument; and that she signed her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

corporation.

*Michele Scarazzini*  
MICHELE A. SCARAZZINI  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01SC6106842  
Qualified in Nassau County  
My Commission Expires March 15, 2022

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

On the \_\_\_\_ day of \_\_\_\_\_ in the year 2017 before me personally came \_\_\_\_\_ to me personally known, who, being by me duly sworn, did depose and say that he resides in the County of \_\_\_\_\_; that he is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he signed his name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

## APPENDIX A-2

Mid Island Animal Hospital

Price Listing

Tuesday, March 28, 2017

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
800	(BANDAGES & CASTS, 800-824)	\$ 0.00	631	ACTH Resp. 4 hrs & 5 hrs Post Trilostane	\$ 156.00
400	(BLOOD CHEMISTRY, 400-435)	\$ 0.00	522	ACTH response test	\$ 94.00
1900	(BOARDING FEES, 1900-1920)	\$ 0.00	522	ACTH response test	\$ 156.00
1620	(DAILY CARE FEES, 1620-1639)	\$ 0.00	2858	Adams Flea Dip 4oz	\$ 13.00
1600	(FLUID THERAPY, 1600-1619)	\$ 0.00	2862	Adams Flea Off Dust II 3oz	\$ 9.00
4301	(FLUIDS, 4301-4399)	\$ 0.00	2866	Adams Flea Off Mist 16oz	\$ 14.00
825	(GASTROINTESTINAL, 825-859)	\$ 0.00	1659	Additional Injections	\$ 12.00
436	(HEMATOLOGY, 436-460)	\$ 0.00	2357	Adequan per vial	\$ 118.00
860	(HEMATOPOETIC, 860-889)	\$ 0.00	2200	Aerokat	\$ 80.00
4500	(HOSP/GEN.MED SUP., 4500-4649)	\$ 0.00	8	After Hours Exam	\$ 115.00
1640	(HOSPITAL INJECT., 1640-1659)	\$ 0.00	2215	Albon 500mg	\$ 15.00
1075	(INTEGUMENT/EAR, 1075-1119)	\$ 0.00	2202	Albon Liquid/oz	\$ 18.00
4300	(INVENTORY, 4300-4999)	\$ 0.00	2201	Albon tabs 250mg	\$ 15.00
4650	(LABORATORY SUP., 4650-4799)	\$ 0.00	491	Albumin	\$ 47.00
4400	(MAINT/WARD SUP., 4400-4499)	\$ 0.00	392	Aldosterone Base Level	\$ 142.00
461	(MICROBIOLOGY, 461-479)	\$ 0.00	401	Alkaline Phosphatase	\$ 48.00
890	(MUSCULOSKELETAL, 890-949)	\$ 0.00	2214	Allerderm Spot On	\$ 39.00
950	(NEUROLOGICAL, 950-989)	\$ 0.00	525	Allergy Testing-IgE	\$ 175.00
4800	(OFFICE/COMPUTER, 4800-4899)	\$ 0.00	3583	Allerseb-T shampoo 8 oz.	\$ 12.00
970	(OPHTHALMIC, 970-1019)	\$ 0.00	87	Alpha Track 2 Glucose Meter	\$ 125.00
480	(PARASITOLOGY, 480-499)	\$ 0.00	89	AlphaTrack 2 Lancets 100/bx	\$ 25.00
500	(PATHOLOGY, 500-519)	\$ 0.00	88	AlphaTrack 2 Test Strips 50/bx	\$ 65.00
6000	(PRO.SERV/VIAN+, 6000-6099)	\$ 0.00	1149	Alter dog 15-30#	\$ 275.00
4900	(RADIOLOGY SUP., 4900-4999)	\$ 0.00	1150	Alter dog 30-60#	\$ 300.00
1020	(RECONSTRUCTIVE, 1020-1049)	\$ 0.00	1151	Alter dog 60#	\$ 325.00
1050	(RESPIRATORY, 1050-1074)	\$ 0.00	1148	Alter dog< 15#	\$ 260.00
1120	(SPECIAL/MISC., 1120-1139)	\$ 0.00	1152	Alter Feline	\$ 120.00
570	(TOXICOLOGY, 570-579)	\$ 0.00	1189	Alter rabbit	\$ 325.00
1140	(UROGENITAL, 1140-1197)	\$ 0.00	1187	Alter-Ferret	\$ 80.00
580	(UROLOGY, 580-597)	\$ 0.00	2205	Aluminum Hydroxide Powder 20dram	\$ 15.00
1991	* _ nights @ \$ _ per night	\$ 0.00	4523	Amikacin Injection Syringe <1ml	\$ 15.00
1990	* _ nights @ \$ _ per night +tax	\$ 0.00	2351	Aminophylline Tabs 100mg	\$ 15.00
6000	*Balance exists from _____	\$ 0.00	2207	Ammonil 500mg 1000ct	\$ 90.00
1199	*Surgery	\$ 0.00	2204	Amoxi-Drops 50mg/ml 15ml	\$ 15.00
99	*write in	\$ 0.00	2205	Amoxi-Drops 50mg/ml 30ml	\$ 20.00
199	*Write In0	\$ 0.00	2208	Amoxicillin Tabs 100mg	\$ 15.00
299	*Write In1	\$ 0.00	2209	Amoxicillin Tabs 150mg	\$ 15.00
2099	*Write In10	\$ 0.00	2210	Amoxicillin Tabs 200mg	\$ 15.00
2199	*Write In11	\$ 0.00	2211	Amoxicillin Tabs 400mg	\$ 15.00
4299	*Write In12	\$ 0.00	2212	Ampicillin Caps 250mg	\$ 50.00
6499	*Write In14	\$ 0.00	2213	Ampicillin Caps 500mg	\$ 60.00
599	*Write In3	\$ 0.00	2754	Ampicillin w/Sulbactam 1.5g w/prep +inj	\$ 30.00
699	*Write In4	\$ 0.00	891	Amputation/digit(s)	\$ 575.00
799	*Write In5	\$ 0.00	892	Amputation/extremity	\$ 900.00
1599	*Write In6	\$ 0.00	893	Amputation/tail	\$ 400.00
1699	*Write In7	\$ 0.00	402	Amylase	\$ 48.00
1899	*Write In8	\$ 0.00	530	ANA-antinuclear antibody test	\$ 99.00
1999	*Write In9	\$ 0.00	15	Anal Glands-express w/o exam	\$ 42.00
1629	<Day Care-Reserved 1629-1639>	\$ 0.00	1155	Anal Sac Resection	\$ 750.00
1197	<Open>	\$ 0.00	827	Anal Sac(s) Abscess	\$ 285.00
2253	<Open>0	\$ 0.00	828	Anal Sac(s) Removal	\$ 600.00
4103	<Open>1	\$ 0.00	16	Anal sac-express-nurse	\$ 30.00
3900	<PRESC. DIETS, 3900-4099>	\$ 0.00	202	Anal Sacs - Infusion	\$ 52.00
826	Abdominal Exploratory	\$ 600.00	839	Anastomosis-Intestinal	\$ 950.00
1121	Abdominal Tap- Drain Fluid	\$ 150.00	2598	AniMax/EnteDerm Ointment	\$ 14.00
3499	ABS Antibarking Collar	\$ 180.00	3466	Anipryl 10mg/30 tablets	\$ 105.00
1091	Abscess treatment	\$ 275.00	3465	Anipryl 15 mg / 30 tabs	\$ 113.00
408	accu Plex 4	\$ 52.00	3469	Anipryl 2mg/30 Tablets	\$ 98.00
2452	Acepromazine Tabs 10mg	\$ 15.00	3468	Anipryl 30 mg/30ct	\$ 115.00
2453	Acepromazine Tabs 25mg	\$ 15.00	3467	Anipryl 5mg/30 tabs	\$ 100.00
521	Acetylcholine receptor test	\$ 260.00	10	Annual Physical Examination	\$ 68.00
631	ACTH Resp. 4 hrs & 5 hrs Post Trilostane	\$ 94.00	2221	Antirobe 150mg	\$ 15.00

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

Page 1

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
2220	Antirobe Caps 75mg	\$ 15.00	895	Biopsy (muscle or bone)	\$ 150.00
1955	Apomorphine Administration	\$ 80.00	1077	Biopsy (skin)	\$ 160.00
2517	Apoquel 16 mg	\$ 15.00	1142	Biopsy (urogenital)	\$ 375.00
2515	Apoquel 3.6mg	\$ 15.00	896	Biopsy lymph node	\$ 275.00
2516	Apoquel 5.4 mg	\$ 15.00	484	Biopsy-margin evaluation	\$ 81.00
2405	Arquel tablets 20 mg	\$ 7.00	517	Biopsy-surgical margin eval.	\$ 81.00
3098	Arthogen 32 oz.	\$ 47.00	1917	Bird boarding	\$ 15.00
3105	ArthriMax for Cats 6 oz.	\$ 39.00	1627	Bird or Lab Animal Hospit.	\$ 45.00
894	Arthrotomy	\$ 600.00	2555	Bitter Apple 8 oz.	\$ 10.00
305	Artificial Insemination (comp)	\$ 200.00	557	Blood Collecting Fee	\$ 50.00
2802	Artificial Tears ointment	\$ 15.00	579	Blood crossmatch	\$ 80.00
2801	Artificial Tears Opt Soln	\$ 15.00	276	Blood pressure measurement	\$ 45.00
513	Aspirate	\$ 38.00	714	Blood pressure monitor & IV	\$ 28.00
2509	Atopica 100mg	\$ 105.00	454	Blood Processing Fee	\$ 55.00
2506	Atopica 10mg	\$ 37.00	1619	Blood Transfusion Cat	\$ 140.00
2507	Atopica 25mg	\$ 41.00	1601	Blood Transfusion Cat-type A bloodbank	\$ 295.00
2508	Atopica 50mg	\$ 64.00	1618	Blood Transfusion Dog- double unit	\$ 325.00
2514	Atopica for Cats **** 17 ML vial	\$ 108.00	1602	Blood Transfusion Dog- single unit	\$ 250.00
2512	Atopica for Cats 5 ml vial	\$ 47.00	578	Blood type	\$ 75.00
2805	Atropine Oph Ointment 1%	\$ 32.00	585	Blood type and crossmatch	\$ 110.00
3418	Autologous Serum	\$ 70.00	476	BNP Cardiac Test	\$ 130.00
812	Avulsed nail/bandage - major	\$ 90.00	1921	Boarding Additional Day(s)	\$ 0.00
810	Avulsed nail/bandage-minor	\$ 45.00	9	Boarding Examination	\$ 32.00
3404	B 12 Injectable 10ml w/syringes	\$ 20.00	1947	Boarding w/ Fluids	\$ 22.00
512	B-12 (Antech 838)	\$ 81.00	501	Bone Marrow Exam/incl. collect	\$ 295.00
3403	B-12 Injectable 100ml bottle	\$ 15.00	160	Bordetella-without other serv.	\$ 48.00
573	B12/Folate Assay (Antech S16195)	\$ 96.00	159	Bordetella Vaccination	\$ 40.00
569	Babesia canis titer	\$ 122.00	3343	BPO-3 Medicated Shampoo	\$ 13.00
3330	Bactoderm	\$ 18.00	2422	Bravecto > 22 - 44 # 1 dose	\$ 58.00
801	Bandaging - compression	\$ 32.00	2421	Bravecto >44 - 88 # 1 dose	\$ 58.00
802	Bandaging - minor	\$ 30.00	2424	Bravecto >88 -123 # 1 dose	\$ 58.00
803	Bandaging - moderate	\$ 40.00	2423	Bravecto 4.4 # - 9.9# 1 dose	\$ 58.00
804	Bandaging - Robert Jones	\$ 55.00	2425	Bravecto 9.9 - 22# 1 dose	\$ 58.00
203	Bandaging - routine	\$ 35.00	527	Brucellosis Titer	\$ 95.00
805	Bandaging - surgical extensive	\$ 55.00	438	Buffy Coat	\$ 95.00
514	Bartonella western blot test	\$ 52.00	406	BUN (azo-stix)	\$ 26.00
2011	Bath - medicated more than 80#	\$ 48.00	424	BUN/Creatinine	\$ 68.00
2000	Bath Medicated 20 lbs or less	\$ 40.00	2707	Buprenex syringe 0.3mg/ml	\$ 4.50
2002	Bath Medicated 51 to 80 lbs	\$ 44.00	2810	Bur-Otic	\$ 9.00
2001	Bath Medicated 21 to 50 lbs	\$ 42.00	2811	Bur-Otic HC	\$ 10.00
2003	Bath Medicated 81 lbs or more	\$ 48.00	1614	Burette	\$ 22.00
2007	Bath Medicated Feline	\$ 38.00	2505	Butorphanol CRI	\$ 23.00
2005	Bath- boarding	\$ 28.00	4518	Butterfly 21ga	\$ 2.00
2004	Bath-Cosmetic	\$ 38.00	3338	C.E.T. Cat Oral Hygiene Kit	\$ 10.00
2013	Bath-Dermazole shampoo	\$ 60.00	3337	C.E.T. Chews Canine large 30ct	\$ 24.00
2012	Bath-Iyme sulfur	\$ 45.00	3334	C.E.T. Chews Canine Medium	\$ 19.00
2291	Baytril 22.7mg	\$ 15.00	3340	C.E.T. Chews CATS 30ct	\$ 18.00
3101	Baytril Injectable	\$ 35.00	3339	C.E.T. Chews Petite 24ea	\$ 14.00
262	Baytril Injectable/ml + inj.	\$ 3.00	3341	C.E.T. Chews XLG 30 ct	\$ 30.00
3103	Baytril Otic	\$ 26.00	3336	C.E.T. fingerbrush	\$ 5.00
269	Beak and nail clip	\$ 22.00	3506	C.E.T. Oral Rinse	\$ 16.00
270	Beak and wing clip	\$ 25.00	3333	C.E.T. Toothbrush	\$ 5.00
275	Beak Clip	\$ 20.00	3335	C.E.T. Toothpaste	\$ 11.00
11	Behavior consult and exam	\$ 75.00	3331	C.E.T.Dental Care Kit	\$ 14.00
2406	Bene-Bac	\$ 13.00	4332	Cadi 10.1-20	\$ 77.00
3572	Benzoyl Peroxide 3% (BPO-3)Shampoo 16oz	\$ 15.00	4333	Cadi 20.1-30	\$ 82.00
3560	Betadine solution	\$ 9.00	4334	Cadi 30.1-40	\$ 87.00
427	Bile Acids	\$ 96.00	4335	Cadi 40.1-60	\$ 102.00
428	Bile Acids pre+post	\$ 136.00	4331	Cadi 5- 10#	\$ 70.00
403	Bilirubin (direct)	\$ 49.00	4336	Cadi 50.1-60	\$ 110.00
404	Bilirubin (total)	\$ 49.00	4337	Cadi 60.1-70	\$ 115.00
829	Biopsy (gastrointestinal)	\$ 600.00	4338	Cadi 70.1-80	\$ 120.00
1141	Biopsy (kidney)	\$ 375.00	4339	Cadi 80.1-90	\$ 128.00

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Page 2

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
4340	Cadi 90.1-100	\$ 140.00	3955	Canine Purina EN canned case	\$ 33.00
407	Calcium	\$ 52.00	3995	Canine Purina En formula 6# dry	\$ 25.00
413	Calcium-Ionized	\$ 107.00	4998	Canine Purina Gentle Snackers	\$ 8.00
415	Calcium-Ionized & PTH(S16595)	\$ 210.00	3986	Canine Purina HA dry 16.6#	\$ 70.00
1901	Canine boarding <25#	\$ 25.00	3987	Canine Purina HA dry 25#	\$ 92.00
1904	Canine boarding >90#	\$ 42.00	3937	Canine Purina NF Case 12 13.3 oz.cans	\$ 33.00
1902	Canine boarding 26-60#	\$ 30.00	4996	Canine Purina OM 18#	\$ 53.00
1903	Canine boarding 61-90#	\$ 35.00	4995	Canine Purina OM case	\$ 32.00
1908	Canine boarding c med <25#	\$ 29.00	3984	Canine Purina OM dry 6#	\$ 21.00
1911	Canine boarding c med >90#	\$ 45.00	3917	Canine r/d 12 can case	\$ 33.00
1909	Canine boarding c med 26-60#	\$ 35.00	3919	Canine r/d dry 17.8#	\$ 52.00
1910	Canine boarding c med 61-90#	\$ 40.00	3920	Canine r/d dry 27.5#	\$ 75.00
1923	Canine Boarding- Day Boarding	\$ 22.00	3918	Canine r/d dry 8.6#	\$ 29.00
3948	Canine c/d 12 can case	\$ 37.00	4068	Canine s/d 12qty 13oz case	\$ 37.00
3950	Canine c/d dry 17.6#	\$ 66.00	3864	Canine t/d dry 25#	\$ 79.00
3951	Canine c/d dry 27.5#	\$ 79.00	3862	Canine t/d dry 6#	\$ 21.00
3949	Canine c/d dry 8.6#	\$ 31.00	3985	Canine Treats 1 lb pouch	\$ 6.00
3963	Canine C/D STEW 5.6 oz 24 cans	\$ 44.00	3922	Canine u/d 12 can case	\$ 36.00
3980	Canine C/D STEW case 12qty	\$ 39.00	3981	Canine u/d dry 27.5#	\$ 86.00
3901	Canine d/d can case 12pk	\$ 42.00	3923	Canine u/d dry 8.5#	\$ 33.00
3903	Canine d/d dry 17.6#	\$ 78.00	3924	Canine w/d 12 pk	\$ 33.00
3902	Canine d/d dry 8#	\$ 39.00	3926	Canine w/d dry 17.6#	\$ 53.00
1919	Canine diabetic bd <25#	\$ 40.00	3935	Canine w/d dry 27.5#	\$ 77.00
1913	Canine diabetic bd >90#	\$ 52.00	3925	Canine w/d dry 8.5#	\$ 29.00
1920	Canine diabetic bd 26-60#	\$ 43.00	4095	Canine W/D STEW 24 x 5.5 oz	\$ 41.00
1912	Canine diabetic bd 61-90#	\$ 45.00	4085	Canine W/D Stew large can 12.5oz case 12	\$ 37.00
4184	Canine Elimn-odor	\$ 24.00	3916	Canine Z/D 12 can 13.oz case	\$ 49.00
3977	Canine g/d 12 can case	\$ 34.00	3992	Canine z/d 17.6#	\$ 75.00
3905	Canine g/d dry #8.5	\$ 34.00	3928	Canine Z/D 25#	\$ 95.00
3908	Canine h/d can	\$ 33.00	3989	Canine z/d 6.5 oz case 24	\$ 49.00
3908	Canine h/d dry 17.6#	\$ 64.00	3988	Canine z/d 8#	\$ 38.00
3014	Canine hills stew 5.5 oz individual can	\$ 2.00	3932	Canine Z/D Individual can	\$ 4.00
3981	Canine Hypoallergenic or Metabolic/Treats	\$ 11.00	3957	Canine/feline a/d canned ea	\$ 2.00
3939	Canine l/d 27.5#	\$ 85.00	3956	Canine/feline a/d case 24 cans	\$ 58.00
3909	Canine l/d case 12pk	\$ 34.00	3250	Capstar 2-25 Package	\$ 42.00
3911	Canine l/d dry 17.6#	\$ 60.00	3248	Capstar 2-25 single dose	\$ 7.00
3910	Canine l/d dry 8.5#	\$ 36.00	3251	Capstar over 25# package	\$ 43.00
4158	Canine l/d LOW FAT restore 8.8#	\$ 35.00	3249	Capstar over 25# single dose	\$ 8.00
4087	Canine l/d Low Fat STEW 24 - 5.5oz case	\$ 41.00	3471	Capsule-empty gelatin	\$ 2.00
4140	Canine l/d Lowfat GI Restore case	\$ 34.00	308	Cardiopet-routine exam	\$ 95.00
4164	Canine l/d Stew 12.5 oz can case	\$ 38.00	309	Cardiopet-stat exam	\$ 140.00
4163	Canine l/d stew REGULAR 5.5 oz.	\$ 41.00	2352	Cardoxin .15mg/ml (red)	\$ 18.00
125	Canine Influenza Vaccine	\$ 45.00	2353	Cardoxin L/S .05mg/ml (gm)	\$ 18.00
394	Canine Influenza Titer Cornell	\$ 88.00	807	Casting - fiberglass	\$ 325.00
4111	Canine J/D 8.5#	\$ 32.00	808	Casting - Mason metasplint	\$ 200.00
3967	Canine J/D case	\$ 33.00	809	Casting - plaster	\$ 300.00
3907	Canine J/D dry 27.5#	\$ 86.00	811	Casting - Thomas splint	\$ 300.00
3912	Canine k/d 12 can case	\$ 35.00	1143	Castration, See Below	\$ 0.00
3914	Canine k/d dry 17.6#	\$ 63.00	1613	Catheter cap	\$ 4.00
3915	Canine k/d dry 27.5#	\$ 89.00	1628	Catheter placement-IV	\$ 50.00
3913	Canine k/d dry 8.5#	\$ 35.00	1622	Cats Hospitalization	\$ 62.00
3954	Canine K/D stew 5.5 oz. 24 cann	\$ 41.00	439	CBC (complete blood count)	\$ 68.00
3904	Canine L/D 12 Can Case	\$ 38.00	421	CBC, SMA Profile	\$ 130.00
4079	Canine l/d dry 17.6#	\$ 71.00	419	CBC, SMA, UA	\$ 152.00
3671	Canine Metabolic # 17.6	\$ 60.00	2224	Cefa Tabs 50mg	\$ 15.00
3673	Canine Metabolic 27.5#	\$ 85.00	2225	Cefa Tabs 100mg	\$ 15.00
3670	Canine Metabolic 6 #	\$ 24.00	2226	Cefa Tabs 200mg	\$ 15.00
3672	Canine Metabolic case 12can	\$ 37.00	2241	Cefadrops 50 ml	\$ 62.00
3999	Canine n/d 12 can case	\$ 41.00	2753	Cefotixin Bottle	\$ 30.00
3952	Canine Prescription Individual Can	\$ 3.00	206	Centesis - abdominal	\$ 150.00
3938	Canine Purina NF dry 18#	\$ 69.00	208	Centesis - arthro (joint)	\$ 65.00
3956	Canine Purina DCO 32# dry	\$ 86.00	209	Centesis - percutaneous	\$ 30.00

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Page 3

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
210	Centesis - thoracic (chest)	\$ 155.00	3100	Cosequin DS#132	\$ 72.00
1816	Central Ven Press. measurement	\$ 65.00	3104	Cosequin for Cats	\$ 27.00
3115	Centrine Tabs 0.2mg	\$ 10.00	3102	Cosequin- small animals	\$ 58.00
2277	Cephalexin CAPSULES 250mg	\$ 15.00	545	CPK serology #014	\$ 47.00
2276	Cephalexin 500mg	\$ 15.00	277	CPR-cardiopulmonary resusc.	\$ 275.00
2274	Cephalexin oral suspension 250/5ml bl.	\$ 32.00	3730	CranMate 60 quantity	\$ 30.00
2247	CERENIA -16MG 4 tablet pkg	\$ 17.00	410	Creatinine	\$ 55.00
2245	Cerenia 160 mg 4 tablet/pk	\$ 43.00	217	Cremation > 125lbs	\$ 170.00
2243	Cerenia 24 mg 4 tablet/pk	\$ 18.00	212	Cremation 1-24 lbs	\$ 80.00
2244	Cerenia 60 mg 4 tablet/pk	\$ 33.00	216	Cremation 100-124	\$ 150.00
2228	Cerumite	\$ 12.00	213	Cremation 25 to 49 lbs	\$ 85.00
1161	Cesarian Section	\$ 600.00	214	Cremation 50 to 74 lbs	\$ 95.00
971	Chalazion	\$ 160.00	215	Cremation 75 to 99 pounds	\$ 120.00
2807	Chloramphen Ophth 1% 3.5mg	\$ 13.00	211	Cremation Services, See Below	\$ 0.00
2808	Chloramphen Ophth Soln 0.5%	\$ 15.00	234	Cremation, Processing Fee	\$ 45.00
3594	Chloramphenicol Oph. Ointment	\$ 8.00	118	CRI- medication	\$ 85.00
2231	Chloramphenicol Tabs 50mg	\$ 15.00	887	Cruciate Ligament Repair	\$ 700.00
2235	Chloramphenicol Tabs 1 gm	\$ 15.00	558	Cryptococcus titr	\$ 130.00
2232	Chloramphenicol Tabs 100mg	\$ 15.00	1145	Cryptorchid (cat)	\$ 350.00
2233	Chloramphenicol Tabs 250mg	\$ 15.00	1144	Cryptorchid (dog)	\$ 450.00
2234	Chloramphenicol Tabs 500mg	\$ 12.00	207	CSF Tap	\$ 300.00
2591	Chlorhexidam Otic Soln 4oz	\$ 12.00	399	Culture & Sens Combo Aerobic & Anaerobic	\$ 205.00
3344	Chlorhexidine Shampoo 4%	\$ 15.00	452	Culture & Sens.-Aerobic	\$ 96.00
2461	Chlorpheniramine Tabs 4mg	\$ 15.00	463	Culture & Sens.-bacterial (Urine)	\$ 98.00
391	Cholesterol	\$ 48.00	467	Culture-anaerobic	\$ 125.00
408	Cholinesterase	\$ 112.00	469	Culture-Blood	\$ 150.00
3507	Ciprofloxacin Ophthalmic Drops	\$ 29.00	479	Culture-fecal Sal,Camp,Shig,Ye	\$ 122.00
3791	Cisapride 5mg	\$ 15.00	470	Culture-fungus swab (ANTECH)	\$ 88.00
295	Claro Treatment 1 Tube	\$ 30.00	484	Culture-Ringworm DTM	\$ 108.00
2240	Clavamox Drops	\$ 29.00	488	Culture-Salmonella/Campyl.	\$ 132.00
2236	Clavamox Tabs 62.5mg	\$ 15.00	13	Cushings Disease Training	\$ 45.00
2237	Clavamox Tabs 125mg	\$ 15.00	3317	Cyclosporin oil 2%	\$ 44.00
2238	Clavamox Tabs 250mg	\$ 15.00	2558	Cyproheptadine 4mg.	\$ 15.00
2239	Clavamox Tabs 375mg	\$ 14.00	2568	Cyproheptadine Syrup/ounce	\$ 12.00
2578	Clinicare Liquid case 12	\$ 55.00	1159	Cystotomy - Cat	\$ 600.00
2222	Clindamycin 150mg	\$ 15.00	1160	Cystotomy - Dog	\$ 650.00
2229	Clindamycin 75mg	\$ 15.00	1163	Cystotomy/urethrotomy	\$ 900.00
2223	Clindamycin Drops 25mg/per ml	\$ 12.00	531	Cytology (in house)	\$ 45.00
2579	Clinicare Liquid Can	\$ 8.00	502	Cytology and aspirate	\$ 80.00
3577	Clinicare powder	\$ 8.00	577	Cytology-ear	\$ 38.00
2867	Clomicalm 20 mg bottle 30 ct	\$ 60.00	433	D-Dimer	\$ 95.00
2868	Clomicalm 5mg bottle 30 ct	\$ 44.00	122	DA2PCPV Puppy 30 day	\$ 88.00
2869	Clomicalm 80mg bottle 30ct	\$ 76.00	124	DA2PCPV Puppy Final 1year	\$ 88.00
432	Clostridium enterotoxin	\$ 140.00	120	DA2PCPV Tri- Annual Vaccination	\$ 35.00
3408	Cobalequin Cat & Dog up to 22# 45 ct.	\$ 24.00	4329	DAP Collar Med-Lg.	\$ 48.00
3407	Cobalequin Med /Lrg Dog 45ct	\$ 30.00	4328	DAP Collar Small	\$ 42.00
4325	Collar 10" and 12"	\$ 8.00	3106	Dasuquin for Cats 84ct	\$ 32.00
4326	Collar 15" through 30"	\$ 10.00	3108	Dasuquin LG. Dog 150 ct.	\$ 94.00
294	Colonic Flush Inc. Cytology	\$ 120.00	3107	Dasuquin Sm-Med Dog 150ct	\$ 82.00
977	Conjunctival Flap	\$ 300.00	1621	Day Patient Care	\$ 45.00
235	Convenia Injection 0-15 #	\$ 65.00	1807	Deciduous teeth-extract 1	\$ 55.00
236	Convenia Injection 15.1-30#	\$ 78.00	1808	Deciduous teeth-extract 2	\$ 80.00
237	Convenia Injection 30.1-40#	\$ 88.00	1809	Deciduous teeth-extract 3	\$ 105.00
238	Convenia Injection 40.1-50#	\$ 98.00	1810	Deciduous teeth-extract 4	\$ 120.00
239	Convenia Injection 60.1- 80#	\$ 108.00	900	Declaw Cat (rear)	\$ 325.00
240	Convenia Injection 80.1 - 70#	\$ 120.00	911	Declaw Feline (all) with alter	\$ 600.00
241	Convenia Injection 70.1 -80#	\$ 130.00	898	Declaw Feline 4	\$ 475.00
292	Convenia Injection 80.1 - 90#	\$ 140.00	899	Declaw Feline(2)	\$ 325.00
293	Convenia Injection 90.1-100#	\$ 150.00	915	Declaw over 2 years old	\$ 450.00
526	Coombs test	\$ 115.00	901	Declaw/Alter cat	\$ 400.00
568	Cortisol level	\$ 76.00	387	Degenerative Myelopathy- U of Missouri	\$ 130.00
471	Cortisol/creat ratio (361)	\$ 128.00	2293	Delete in January	\$ 125.00
523	Cortrosyn (per 0.10ml)	\$ 62.00			

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Page 4

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
3510	Denamarin 225mg	\$ 52.00	2703	Doxepin 25mg	\$ 15.00
3511	Denamarin 425mg	\$ 89.00	2704	Doxepin 50 mg	\$ 15.00
3509	Denamarin 90mg	\$ 35.00	2706	Doxepin 75mg	\$ 15.00
3512	Denosyl 425mg 30ct	\$ 80.00	2708	Doxdrobe application	\$ 105.00
3503	Denosyl SD4 225mg	\$ 46.00	3699	DOXYCYCLINE 100 mg	\$ 15.00
3504	Denosyl SD4 90mg	\$ 34.00	3459	Drontal Plus Large > 45#	\$ 29.30
1800	Dental Cleaning	\$ 85.00	3458	Drontal Plus Medium 26-60#	\$ 16.40
1801	Dental Cleaning-	\$ 95.00	3457	Drontal Plus Small 2-25#	\$ 15.00
1802	Dental Cleaning--	\$ 110.00	3805	Duragesic Pain Medication 100ug	\$ 80.00
1803	Dental Cleaning---	\$ 125.00	3801	Duragesic pain medication 25ug	\$ 45.00
608	Dental X-ray (>5)	\$ 105.00	3802	Duragesic pain medication 50ug	\$ 85.00
605	Dental X-ray (1)	\$ 55.00	3804	Duragesic pain medication 75ug	\$ 75.00
606	Dental X-ray (2)	\$ 65.00	2902	DuraKyl Dip 4oz	\$ 12.00
607	Dental X-ray (3-5)	\$ 85.00	2008	Ear Cleaning & Nails	\$ 25.00
3658	Deramaxx 100 mg	\$ 15.00	490	Ear cytology slide	\$ 38.00
3659	Deramaxx 25mg	\$ 15.00	201	Ear flush - 2 ears	\$ 295.00
3661	Deramaxx 75mg	\$ 15.00	200	Ear flush - one ear	\$ 275.00
3756	Derm caps	\$ 18.00	481	Ear Mite Swab	\$ 30.00
3757	Derm Caps ES #60	\$ 20.00	1080	Ear Resection (bilateral)	\$ 625.00
3470	DermaBenSs shampoo 12oz	\$ 19.00	1081	Ear Resection (unilateral)	\$ 800.00
3496	DermaChlor HC 8 oz.	\$ 25.00	1146	Ear Tip - Feline	\$ 60.00
3574	Dermallay Shampoo 12oz	\$ 16.00	2821	EasOtic 10 MI	\$ 36.00
3564	Dermallay Spray 12oz	\$ 20.00	700	ECG Monitoring Service	\$ 75.00
3565	DermaLyte Shampoo 12 oz	\$ 14.00	623	Echocardiogram	\$ 360.00
3738	Dermoscent Spot-on 4 pipettes Cat	\$ 28.00	628	Echocardiogram- Dr Reid	\$ 375.00
3735	Dermoscent Spot-on 4 pipettes 0-22 # Dog	\$ 26.00	3701	EctoKyl 3X Shampoo	\$ 13.00
3736	Dermoscent Spot-on 4 pipettes 22-45# Dog	\$ 30.00	437	Ehllichia canis titer	\$ 122.00
3737	Dermoscent Spot-on 4 pipettes 45-90# Dog	\$ 32.00	258	EKG-electrocardiogram	\$ 70.00
1188	Descent-Ferret	\$ 200.00	711	Electronic anesthesia monitor+	\$ 52.00
902	Dewclaw Removal (puppy)	\$ 150.00	2296	Enalapril 10mg	\$ 15.00
903	Dewclaw(s) & Tail(s)/Puppy	\$ 35.00	2294	Enalapril 2.5 mg	\$ 15.00
2100	Deworming - Inject. < 15 lbs	\$ 32.00	2299	Enalapril 20mg	\$ 15.00
2103	Deworming - Inject. > 60 lbs	\$ 48.00	2295	Enalapril 5 mg	\$ 15.00
2101	Deworming - Inject. 15-30 lbs	\$ 35.00	257	Endoscopic Exam/Services	\$ 100.00
2102	Deworming - Inject. 31-60 lbs	\$ 40.00	281	Endoscopy & Ultrasound-Mob.vu	\$ 900.00
2105	Deworming - oral	\$ 20.00	280	Endoscopy-specialist/up or low	\$ 900.00
2106	Deworming - oral (pup/kit)	\$ 8.00	283	Endoscopy-upper and lower	\$ 1,400.00
2107	Deworming-oral(w/Office Visit)	\$ 14.00	218	Enema - deobstipate	\$ 185.00
2606	Dexamethasone ophthalmic drops	\$ 24.00	219	Enema Administration	\$ 65.00
524	Dexamethasone Suppression test	\$ 172.00	2503	Ensisyl-F 100ml Pump	\$ 33.00
3583	Dexamethasone tabs 0.5mg	\$ 15.00	2292	Enrofloxacin 68 mg tablets	\$ 15.00
3660	Dexamethisone Injectable 100ml	\$ 15.00	2290	Enrofloxacin 22.7 mg	\$ 15.00
951	Diaphragmatic hernia repair	\$ 900.00	830	Enterotomy-remove foreign body	\$ 800.00
2587	Dibenzalline 5mg capsules	\$ 15.00	973	Enucleation	\$ 800.00
2583	Dibenzyliline 2.5mg	\$ 15.00	440	Eosinophil Count	\$ 30.00
2825	Diclofenac Solution 2.5ml	\$ 21.00	3595	Erythromycin Ophthalmic Oint.	\$ 38.00
3304	Diethylstilbestrol Tabs 1mg	\$ 15.00	990	Esophagostomy tube	\$ 175.00
571	Digoxin Assay	\$ 55.00	3505	Etolesic 150mg	\$ 15.00
2597	Digoxin tablets	\$ 15.00	3498	Etolesic 300 mg	\$ 15.00
2585	Diltiazem transdermal/syringe	\$ 7.00	3792	Etomidate vial	\$ 39.00
395	Distemper (IgG,IgM) Antech T555	\$ 122.00	4135	Euk Canine Mobility Plus #5	\$ 15.00
566	Distemper/Parvo titer T565	\$ 122.00	4115	Euk Canine OptimumWeight Control 15#	\$ 38.00
2497	DMSO	\$ 15.00	4142	Euk Feline 14# Low Residue Intestinal +	\$ 61.00
904	Docking Tail(s) (only)	\$ 30.00	4044	Euk Feline Optimum Weight Control 5#	\$ 26.00
1623	Dogs < 21 lbs Hospitalization	\$ 65.00	4046	Euk K-9 Optimum Weight Control 30#	\$ 73.00
1625	Dogs > 51 lbs Hospitalization	\$ 72.00	4047	Euk K-9 Optimum Weight Control 5.5#	\$ 15.00
1624	Dogs 21-50 lbs Hospitalization	\$ 68.00	4043	Euk Kidney-Renal Plus 15.5#	\$ 45.00
2901	Domeboros solution	\$ 4.00	4036	Eukanuba 14 oz individual cans	\$ 3.00
3348	Douxo Mousse 6.8oz	\$ 34.00	4021	Eukanuba FEL 6oz individ cans	\$ 2.00
3570	Douxo Shampoo 6.8 oz	\$ 23.00	4038	Eukanuba FEL Renal Plus 5.5#	\$ 29.00
2702	Doxepin 10mg	\$ 15.00	4054	Eukanuba FEL Renal Plus cs 12	\$ 24.00

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Page 6

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
4056	Eukanuba FEL Skin & Coat Plus LB cs12	\$ 29.00	482	Fecal Examination	\$ 42.00
4053	Eukanuba FELINE Urinary-s+ cs12	\$ 21.00	98	Fecal Float Neg	\$ 0.00
4032	Eukanuba FELINE Intestinal + 5.5#	\$ 30.00	486	Fecal Pathogen (Antech caode SA350)	\$ 220.00
4050	Eukanuba FELINE Intestinal +case12	\$ 24.00	487	Fecal-float and giardia elisa (test 405)	\$ 58.00
4028	Eukanuba FELINE low pH/s eacan	\$ 2.00	493	Fecal-Occult Blood	\$ 71.00
4029	Eukanuba FELINE mod pH/O 5.5#	\$ 26.00	4075	Fel IVD Pres. Diet Cans 5.5oz	\$ 2.50
4055	Eukanuba FELINE mod pH/O cs 12	\$ 23.00	696	Fel Ser II(FIV,FeLV,FIP,Toxo)	\$ 79.00
4031	Eukanuba FELINE mod pH/O ea cn	\$ 2.00	3796	Fel mazole 2.5mg	\$ 12.00
4059	Eukanuba FELINE restr cal 18#	\$ 63.00	3794	Fel mazole 2.5mg 100ct Bottle	\$ 25.00
4025	Eukanuba FELINE restr cal 4.5#	\$ 20.00	3793	Fel mazole 5 mg 100ct Bottle	\$ 30.00
4062	Eukanuba FELINE restr cal cs12	\$ 22.00	3795	Fel mazole 5mg	\$ 15.00
4052	Eukanuba FELINE urinary-s + low pH/s 20#	\$ 63.00	3991	Feline 5.5 individual can	\$ 3.00
4026	Eukanuba FELINE urinary-s + pH/s 5.5#	\$ 25.00	4086	Feline EN 6.6#	\$ 33.00
4018	Eukanuba Intestinal + 30#	\$ 75.00	1907	Feline boarding	\$ 23.00
4051	Eukanuba Intestinal + case -12	\$ 30.00	1914	Feline boarding with med.	\$ 25.00
4009	Eukanuba Intestinal +16#	\$ 46.00	1922	Feline Boarding- Day Boarding	\$ 15.00
4008	Eukanuba Intestinal +5#	\$ 18.00	3934	Feline c/d can 5.5 oz	\$ 47.00
4057	Eukanuba Maximum Calorie Case 12	\$ 27.00	3931	Feline c/d dry 17.6#	\$ 68.00
4007	Eukanuba resp & max cal.form ind. cans	\$ 3.00	3929	Feline c/d dry 4#	\$ 23.00
4005	Eukanuba response FP 15#	\$ 53.00	3930	Feline c/d dry 8.5#	\$ 40.00
4019	Eukanuba response FP 30#	\$ 93.00	3969	Feline C/D stew 2.9 Oz 24 cans	\$ 34.00
4004	Eukanuba response FP 6#	\$ 23.00	4015	Feline d/d 3.5#	\$ 29.00
4058	Eukanuba response FP case 12	\$ 36.00	3032	Feline d/d 8.5#	\$ 62.00
4006	Eukanuba Response KO 16#	\$ 53.00	3971	Feline d/d cans 5.5oz. 24 case	\$ 65.00
4037	Eukanuba response KO 6#	\$ 23.00	1915	Feline diabetic boarding	\$ 38.00
4017	Eukanuba rest-cal Rewards 24oz	\$ 7.00	3979	Feline DM case 5.5 cans	\$ 47.00
4063	Eukanuba restricted cal case12	\$ 34.00	4081	Feline DM Dry 10#	\$ 57.00
4002	Eukanuba restricted cal. 14#	\$ 36.00	3996	Feline DM dry 6#	\$ 39.00
4003	Eukanuba restricted cal. 28#	\$ 66.00	4183	Feline Elimn-odor	\$ 8.00
4001	Eukanuba restricted cal. 5#	\$ 15.00	4180	Feline g/d 4# dry	\$ 25.00
4041	Eukanuba Senior Plus Joint 30#	\$ 84.00	4000	Feline g/d 5.5 ounce case	\$ 48.00
4040	Eukanuba Senior Plus/ Joint 15#	\$ 44.00	3990	Feline Hills 3oz. Individual can	\$ 2.00
221	Euthanasia 15 lbs or less	\$ 90.00	4070	Feline Hypoallergenic Treats	\$ 4.00
222	Euthanasia 15 to 30 lbs	\$ 95.00	3997	Feline l/d 8.5 #	\$ 38.00
223	Euthanasia 30 to 60 lbs	\$ 100.00	3972	Feline l/d can 5.5 oz 24/case	\$ 46.00
224	Euthanasia 60 lbs & over	\$ 105.00	3973	Feline l/d dry 4#	\$ 21.00
226	Euthanasia Lab animal/bird	\$ 50.00	3982	Feline l/d Stew 2.9 oz 24 cans	\$ 34.00
220	Euthanasia Services, See Below	\$ 0.00	4156	Feline l/d stew 3oz case	\$ 34.00
1606	Extension Set	\$ 4.00	3974	Feline K/D 2.9 oz 24 cans	\$ 37.00
1805	Extraction(s)	\$ 35.00	3933	Feline k/d can 5.5 oz 24/case	\$ 49.00
1898	EXTRACTIONS ARE ADDITIONAL	\$ 0.00	4012	Feline k/d dry 4#	\$ 26.00
227	Eye - tear test (Schirmer)	\$ 25.00	3940	Feline k/d dry 8.5#	\$ 47.00
228	Eye - tonometry	\$ 35.00	4155	Feline k/d stew 3 oz case	\$ 37.00
226	Eye-corneal staining fluoresce	\$ 25.00	3975	Feline l/d can 5.5 oz 24/case	\$ 48.00
976	Eye-diamond burr keratotomy	\$ 200.00	3976	Feline l/d dry 4#	\$ 25.00
984	Eye-replace gland of nictitans	\$ 400.00	533	Feline Leukemia (Elisa)	\$ 57.00
229	Eye-Schirm/corneal fluor.stain	\$ 40.00	534	Feline Leukemia (FA) Test	\$ 120.00
974	Eyelid Surgery/major	\$ 500.00	4023	Feline M/D 4# Dry	\$ 25.00
975	Eyelid Surgery/major x 2	\$ 425.00	3033	Feline M/D 5.5 oz. 24 cans/case	\$ 45.00
978	Eyelid Tumor Removal	\$ 450.00	4022	Feline M/D dry 8.5#	\$ 48.00
2751	Eyewash	\$ 8.00	4154	Feline Metabolic 4#	\$ 24.00
2216	Famciclovir Tablet 250 mg	\$ 15.00	4146	Feline Metabolic 8.5#	\$ 44.00
495	Fanconi Urine Test	\$ 139.00	4162	Feline Metabolic Stew case	\$ 36.00
561	FAVN Rabies Antibody Titer KSU w/o ship	\$ 200.00	4116	Feline OM Case	\$ 43.00
3788	FaVor Feline Vitamin 60ct	\$ 16.00	4080	Feline Purina EN 5.5 oz case 24	\$ 53.00
544	Fecal alpha 1 protease inhibitor	\$ 145.00	3998	Feline Purina HA 4#	\$ 29.00
483	Fecal antech laboratory 'T805'	\$ 45.00	4072	Feline Purina NF 5.5 cans #24	\$ 46.00
498	Fecal Baerman	\$ 122.00	4073	Feline Purina NF Dry 6#	\$ 31.00
497	Fecal Direct	\$ 38.00	4136	Feline Purina OM 16#	\$ 62.00
			3955	Feline Purina OM dry 6#	\$ 27.00
			3950	Feline Purina UR dry 16#	\$ 63.00
			3953	Feline Purina UR dry 6#	\$ 30.00
			3970	Feline Purina UR ST/Ox case 5.5 cans	\$ 46.00
			3034	Feline r/d 17.6# Dry	\$ 70.00

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Page 6

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
3983	Feline r/d canned 5.5 ounces 24/case	\$ 45.00	2420	Frontline Plus Dogs up to 22# single	\$ 17.00
3958	Feline r/d dry 4#	\$ 21.00	411	Fructosamine test -diabetics	\$ 96.00
3942	Feline r/d dry 8.5#	\$ 39.00	593	FSP	\$ 25.00
4118	Feline T/D 4#	\$ 22.00	101	Fungal Culture - Negative	\$ 0.00
4120	Feline T/D 8.5#	\$ 40.00	678	Fungal Histoplasmosis Ag-Urine	\$ 282.00
4010	Feline Tiki Cat 12can case	\$ 15.00	559	Fungal profile serology	\$ 111.00
4035	Feline Tiki Cat individual can	\$ 1.75	129	FVRCP Kitten 30day	\$ 88.00
520	Feline URD PCR Panel Idexx	\$ 180.00	130	FVRCP Kitten Final 1year	\$ 88.00
4011	Feline w/d can 5.5 oz 24/case	\$ 43.00	131	FVRCP Kitten Vacc. #3 of 3	\$ 88.00
3959	Feline w/d dry 17.6 #	\$ 67.00	128	FVRCP Tri-Annual Vaccination	\$ 35.00
3947	Feline w/d dry 4#	\$ 20.00	909	FX Repair/Mandibular Symphysis	\$ 400.00
3946	Feline w/d dry 8.5#	\$ 38.00	704	Gas anesthesia > 60 lbs	\$ 125.00
4121	Feline Y/D 4#	\$ 27.00	702	Gas anesthesia < 25 lbs	\$ 110.00
4141	Feline Y/D 8.5#	\$ 52.00	703	Gas anesthesia 26-60 lbs	\$ 115.00
4122	Feline Y/D case	\$ 54.00	701	Gas anesthesia-Xrays	\$ 100.00
3994	Feline z/d 4#	\$ 28.00	705	Gas Anesthesia/addtl hour	\$ 80.00
3936	Feline z/d case 5.5oz. 24/case	\$ 60.00	831	Gastric Lavage	\$ 325.00
4013	Feline z/d dry 8.5#	\$ 58.00	832	Gastric Torsion Complex	\$ 1,200.00
3502	Feliway	\$ 35.00	833	Gastrotomy	\$ 800.00
3790	Felovite	\$ 7.00	834	Gastrotomy Tube	\$ 350.00
134	FelV 1year	\$ 88.00	2494	Genesis Spray	\$ 31.00
133	FelV 30day	\$ 88.00	4524	Gentamicin Inj Syringe < 1ml	\$ 8.00
132	FelV Bi- Annual Vaccination	\$ 40.00	2813	Gentocin (only) Opht Soln	\$ 15.00
905	Femoral Head Osteotomy	\$ 800.00	2814	Gentocin Durafilm Opht Soln	\$ 9.00
1918	Ferret Boarding	\$ 22.00	2815	Gentocin Opht Ointment	\$ 14.00
1626	Ferret Hospitalization	\$ 60.00	2819	Gentocin Otic 15 ml	\$ 15.00
592	Fibrinogen and D-dimer	\$ 110.00	2817	Gentocin Otic and DMSO	\$ 18.00
2455	Filaribits 120 mg 100 tablets	\$ 15.00	2818	Gentocin Otic Soln 7.5ml	\$ 14.00
2456	Filaribits 180 mg	\$ 19.00	591	GGT/Creatinine Ratio (code T930)	\$ 95.00
2454	Filaribits 60 mg	\$ 15.00	603	GI (barium) Series, cat	\$ 350.00
575	FIP Elisa (7B) proteins	\$ 57.00	604	GI (barium) Series, dog	\$ 400.00
584	FIP titer	\$ 66.00	484	Giardia Elisa	\$ 63.00
535	FIV Test	\$ 46.00	412	Glucose (sugar)	\$ 42.00
532	FIV-VWestern Blot Test	\$ 200.00	429	Glucose-serial exam (ANTECH)	\$ 118.00
536	FIV/FelV Test	\$ 72.00	430	Glucose-serial In house	\$ 18.00
4182	Flea comb	\$ 2.00	2490	Glucostat Purina Feline 1pkg	\$ 9.00
624	Flow Cytometry- CSU incl shipping	\$ 290.00	2499	Glycoflex 250 tablets	\$ 20.00
503	Fluid analysis & cytology	\$ 168.00	3571	Glycoflex 500 tablets	\$ 35.00
504	Fluid analysis and collection	\$ 195.00	2576	Goodwinol Ointment 1oz	\$ 15.00
1604	Fluid Therap Addtl Bottles	\$ 21.00	2024	Groom - therapeutic/major	\$ 40.00
1608	Fluid therapy - burette	\$ 25.00	2025	Groom - therapeutic/minor	\$ 20.00
230	Fluid Therapy - SC/ml (O.P.)	\$ 28.00	2023	Groom- shave all hair per hour	\$ 70.00
1603	Fluid Therapy IV First Bottle	\$ 76.00	5	Health Cert./Exam International	\$ 130.00
1605	Fluid Therapy-daily care	\$ 54.00	3223	Heartgard 1-25#	\$ 38.00
1617	Fluids to start on arrival at the Hosp.	\$ 0.00	3224	Heartgard 26-50#	\$ 47.00
1610	Fluids-Irrigation 500 ml bottl	\$ 15.00	3225	Heartgard 51-100#	\$ 58.00
3568	Forbid	\$ 5.00	486	Heartworm Exam (occult)	\$ 48.00
3731	FortiFlora	\$ 36.00	485	Heartworm Microfilaria Knotts Test T390	\$ 67.00
906	Fracture Repair/IM pinning	\$ 900.00	97	Heartworm Neg	\$ 0.00
907	Fracture Repair/KE apparatus	\$ 900.00	492	Heartworm test -- feline	\$ 98.00
908	Fracture Repair/Mandibular	\$ 425.00	231	Heartworm Tx -injection-(not inclu. med)	\$ 80.00
472	Free T4	\$ 114.00	574	Helicobacter test	\$ 79.00
456	Fresh Frozen Plasma 1 unit	\$ 160.00	1079	Hematoma-Aural	\$ 325.00
455	Fresh Frozen Plasma Administration	\$ 80.00	489	Hemobartonella	\$ 47.00
2410	Frontline Plus Cats	\$ 51.00	1021	Hernia (diaphragmatic)	\$ 900.00
2408	Frontline Plus dog 23 to 44 #	\$ 54.00	1022	Hernia (inguinal)	\$ 800.00
2416	Frontline Plus Cats Single Dose	\$ 17.00	1023	Hernia (perianal)	\$ 800.00
2417	Frontline Plus dogs 23-44# single dose	\$ 18.00	1031	Hernia-Umbilical - Cat	\$ 350.00
2414	Frontline Plus dogs 45- 88 #	\$ 55.00	1030	Hernia-Umbilical - Dog	\$ 350.00
2418	Frontline Plus Dogs 45-88# single dose	\$ 18.00	1029	Hernia-Umbilical w/Alter	\$ 200.00
2415	Frontline Plus dogs 89-132 #	\$ 55.00	1028	Hernia-Umbilical w/Spay	\$ 160.00
2419	Frontline Plus Dogs 89-132# single dose	\$ 19.00	4016	Hills FelinePrescription diet cans 5.5oz	\$ 2.00
2413	Frontline Plus dogs up to 22#	\$ 53.00			

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Page 7

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
912	Hip Luxation Closed Reduction	\$ 400.00	4130	IVD Canine Early Cardiac 17.6#	\$ 63.00
913	Hip Luxation Open Reduction	\$ 800.00	4048	IVD Canine Gastro Low Fat LF 28.6#	\$ 82.00
619	Hip X-Ray	\$ 95.00	4089	IVD Canine Gastro Low Fat LF 6.6#	\$ 28.00
505	Histopathology (biopsy)	\$ 122.00	4034	IVD Canine Gastro Puppy 8#	\$ 40.00
508	Histopathology (skin-biopsy)	\$ 175.00	4083	IVD Canine GI Low Fat LF 17.6#	\$ 59.00
499	Histopathology Lymphoma Profile VDX	\$ 350.00	4091	IVD Canine GI Low Fat LF 24can/case	\$ 68.00
507	Histopathology- Biopsy extra sections	\$ 52.00	4147	IVD Canine Glycobalance 7.7#	\$ 29.00
508	Histopathology-Cornell University/Idexx	\$ 165.00	4148	IVD Canine Glycobalance case	\$ 71.00
2355	Hydrocodone Syrup /oz	\$ 19.00	4159	IVD Canine Glycobalance 17.6#	\$ 68.00
2362	Hydroxyurea 500mg Capsules	\$ 15.00	4114	IVD Canine Hepatic 26.4#	\$ 100.00
2659	Hydroxyzine 10 mg.	\$ 15.00	4113	IVD Canine Hepatic 7.7#	\$ 39.00
2660	Hydroxyzine 25 mg.	\$ 15.00	4149	IVD Canine HP Case	\$ 93.00
2661	Hydroxyzine 50 mg.	\$ 15.00	4107	IVD Canine HP Mod. Cal 24.2#	\$ 99.00
910	Hygroma Correction/Elbow	\$ 400.00	4106	IVD Canine HP Mod. Cal 7.7#	\$ 39.00
3655	HylLyt Spray 8 oz	\$ 15.00	4100	IVD Canine Hypo HP 17.6#	\$ 73.00
448	Hyperthyroid check (1136)	\$ 102.00	4101	IVD Canine Hypo HP 7.7#	\$ 37.00
2361	Hypimmune serum	\$ 150.00	3968	IVD Canine Hypo PD 25#	\$ 100.00
452	I-Stat ECG blood chemistry	\$ 75.00	3943	IVD Canine Hypo PD7.7#	\$ 38.00
1612	I.V. Adapter cap	\$ 4.00	4033	IVD Canine Hypo PR case	\$ 90.00
3697	Iodoxuridine ophthalmic sol.	\$ 32.00	4061	IVD Canine Hypo PV 17.6#	\$ 80.00
3698	Iodoxuridine Ophthalmic Oint.	\$ 40.00	4088	IVD Canine Hypo PV 7.7#	\$ 39.00
457	Immunophenotypic Staining VDX Diagnostic	\$ 240.00	4084	IVD Canine Hypo PV case	\$ 90.00
3305	Incurin 1mg/tablet 30 qty	\$ 24.00	4112	IVD Canine Hypo PD case	\$ 86.00
706	Injectable anesthesia - Cats	\$ 80.00	4082	IVD Canine Hypo PR 17.6#	\$ 76.00
707	Injectable anesthesia - Dogs	\$ 90.00	4084	IVD Canine Hypo PR 7.7#	\$ 38.00
247	Injection #1	\$ 32.00	4039	IVD Canine Hypo PV 25#	\$ 106.00
248	Injection #2	\$ 45.00	4134	IVD Canine Mod. Cal PW 7.7#	\$ 37.00
249	Injection #3	\$ 55.00	3978	IVD Canine Prescription can	\$ 4.00
246	Injection - Anzemet	\$ 35.00	4080	IVD Canine Renal A 17.6# Dry	\$ 60.00
245	Injection - CRI Pain Medication	\$ 90.00	4030	IVD Canine Renal A 6# Dry	\$ 27.00
285	Injection-Amika250mg/ml +inj	\$ 8.00	4097	IVD Canine Renal E Case	\$ 69.00
265	Injection- Baytril/ml + inj	\$ 3.00	3945	IVD Canine Renal MP 24can/case	\$ 68.00
244	Injection- hospital treatment	\$ 12.00	4118	IVD Canine S/O MODERATE cal 17.6#	\$ 60.00
263	Injection- pain medication	\$ 24.00	4131	IVD Canine S/O MODERATE CAL 7.7#	\$ 34.00
258	Injection-Adequan/ ml + inj fee	\$ 20.00	4129	IVD Canine S/O MODERATE case	\$ 80.00
267	Injection-Amik50mg/ml +inj fee	\$ 1.25	4132	IVD Canine S/O REGULAR 17.6#	\$ 65.00
264	Injection-Avid FriendChip	\$ 48.00	4128	IVD Canine Satiety Support 17.6#	\$ 57.00
204	Injection-Cefatoxin bottle	\$ 14.00	4096	IVD Canine Satiety Support 26.4#	\$ 77.00
252	Injection-Chloramphen/bottle	\$ 18.00	4127	IVD Canine Satiety Support 7.7#	\$ 28.00
205	Injection-CRI Lasix	\$ 90.00	4161	IVD Canine Satiety Support case	\$ 71.00
2752	Injection-Doxycycline 100 mg vial	\$ 14.00	4126	IVD Canine UC Low Purine 18#	\$ 61.00
253	Injection-Epogen	\$ 48.00	4150	IVD Canine Ultimino 19.8#	\$ 96.00
279	Injection-Hetastarch	\$ 70.00	4144	IVD canine Urinary S/O REGULAR case	\$ 76.00
278	Injection-hypertonic saline	\$ 40.00	4137	IVD Canine Weight Control case 24	\$ 57.00
268	Injection-Metronidazole/ml+inj	\$ 12.00	4094	IVD Feline 2.5oz / 3oz...can	\$ 2.00
266	Injection-Pepsid/ml + inj. fee	\$ 5.00	4076	IVD Feline PD case	\$ 68.00
284	Injection-Rimadyl/ml	\$ 32.00	4124	IVD Feline GI HE case	\$ 46.00
254	Injection-Shock treatment	\$ 38.00	4125	IVD Feline GI Fiber Response 8.8#	\$ 46.00
255	Injection-Slmbadol	\$ 45.00	4123	IVD Feline GI HE 8.8#	\$ 46.00
242	Injection-Soludelta cortef 100	\$ 32.00	4105	IVD Feline HP 7.7#	\$ 56.00
243	Injection-Soludelta cortef 500	\$ 45.00	4066	IVD Feline Hypo Adult PV case	\$ 68.00
261	Injection-Solumedrol bottle	\$ 48.00	4090	IVD Feline Hypo PR 8.8#	\$ 63.00
297	Insulin-CRI	\$ 48.00	4065	IVD Feline Hypo PV 8.8#	\$ 65.00
537	Insulin/Glucose ratio	\$ 180.00	4078	IVD Feline Hypo PD 8.8#	\$ 63.00
1630	Intensive care	\$ 150.00	4098	IVD Feline Hypo PR case	\$ 88.00
835	Intestinal Anastomosis	\$ 850.00	4117	IVD Feline MODERATE CAL S/O 3oz.	\$ 37.00
836	Intussusception	\$ 850.00	4133	IVD Feline MODERATE CAL S/O 6.6#	\$ 39.00
443	Iron Profile	\$ 92.00	4071	IVD Feline Prescription can 6oz	\$ 3.00
1615	IV catheter placement	\$ 65.00	4997	IVD Feline Renal A 3 #	\$ 19.00
* 1615	IV catheter placement	\$ 126.00	4020	IVD Feline Renal A 6.6# Dry	\$ 34.00
4153	IVD Canine Ultimino 8.8#	\$ 47.00	4024	IVD Feline Renal D 3.oz./24	\$ 35.00
4145	IVD Canine HP Small Breed 8.8#	\$ 42.00			
4104	IVD Canine Adult PD 17.6#	\$ 76.00			

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Page 8

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
4027	IVD Feline Renal E case 24 5.8oz. cans	\$ 51.00	1089	Mass Removal-external (major)	\$ 600.00
4042	IVD Feline Renal F 6#	\$ 34.00	1090	Mass Removal-external (minor)	\$ 200.00
4157	IVD Feline S/O 17.6 #	\$ 67.00	1128	Mass Removal-internal (major)	\$ 800.00
4143	IVD Feline S/O 3.3#	\$ 21.00	1129	Mass Removal-internal (minor)	\$ 700.00
4089	IVD Feline S/O 5.8oz case 24	\$ 47.00	519	Mast Cell Markers Idexx 3375/sample	\$ 490.00
4152	IVD Feline Senior Consult 24/5.8oz case	\$ 45.00	1185	Mastectomy (Cat)	\$ 500.00
4151	IVD Feline Senior Consult 7.7#	\$ 42.00	1186	Mastectomy (Dog)	\$ 650.00
4077	IVD Treats prescription	\$ 9.00	564	Masticatory myositis test 1207	\$ 240.00
4139	IVD Weight Control 17.6#	\$ 71.00	1173	Mature Alter < 15#	\$ 350.00
4138	IVD Weight Control 7.7#	\$ 35.00	1167	Mature Alter 15# - 30#	\$ 360.00
3803	Ivermectin 50ml	\$ 50.00	1171	Mature Alter 30-60#	\$ 370.00
615	IVP XRay Urinary Tract, dog	\$ 615.00	1172	Mature Alter 60 # +	\$ 400.00
614	IVP XRay-Urinary Tract, cat	\$ 615.00	3001	MCT Oil	\$ 138.00
1607	Jugular Catheter	\$ 60.00	2563	Meclizine 25 mg.	\$ 15.00
3586	Keta Chlor Shampoo	\$ 20.00	2	Medical Progress Check	\$ 52.00
3021	Knockout premise spray	\$ 12.00	3899	Medication	\$ 0.00
980	Laceration (corneal)	\$ 400.00	1905	Medication Fee (1)	\$ 1.00
1027	Laceration (intermediate)	\$ 300.00	3897	Medicine Administration 2x per day	\$ 22.00
981	Laceration (lid)	\$ 350.00	3665	Medrol 4 mg	\$ 5.50
1025	Laceration (major)	\$ 400.00	3131	Mephyton Tablets	\$ 9.00
1026	Laceration (minor)	\$ 250.00	3405	Meropenem 500mg/vial	\$ 31.00
2581	Lactulose syrup - /4 ounces	\$ 15.00	2502	Melacalm	\$ 32.00
2584	Lactulose syrup-bottle	\$ 18.00	3782	Melthimazole 5mg Tablets	\$ 15.00
917	Laparoscopic Liver Biopsy (plus patho)	\$ 1,200.00	3779	Melthimazole transdermal/syring	\$ 5.00
919	Laparotomy	\$ 800.00	2809	Meloclopramide 10 mg	\$ 15.00
2364	Lasix 40mg	\$ 15.00	2264	Metronidazole 250mg	\$ 15.00
2365	Lasix 20mg	\$ 15.00	2265	Metronidazole 600mg	\$ 15.00
2359	Lasix Tabs 12.5mg	\$ 15.00	2262	Metronidazole Suspension 50mg/ml per oz.	\$ 15.00
2360	Lasix Tabs 50mg	\$ 15.00	2963	MiconalHex + Triz Shampoo 8 oz	\$ 25.00
3122	Laxalone 2.5oz	\$ 9.00	3580	Miconazole and Synotic Suspension	\$ 40.00
431	Lead level-blood	\$ 143.00	3137	Miconazole Lotion	\$ 18.00
396	Lepto Blood T974	\$ 98.00	1130	Microchip Ident Implant	\$ 68.00
396	Lepto PCR Blood & Urine T978	\$ 145.00	232	Microfilaria Treatment	\$ 0.00
397	Lepto PCR Urine T976	\$ 105.00	2495	Midazolam Syringe	\$ 14.00
113	Leptospira Annual	\$ 35.00	3700	MINOCYCLINE Capsules 100 mg	\$ 15.00
114	Leptospira Vacc. #1 of 2	\$ 35.00	2358	Mirtazapine 15mg	\$ 15.00
115	Leptospira Vacc. #2 of 2	\$ 35.00	2363	Mirtazapine 7.5mg	\$ 15.00
389	Leptospirosis Elisia Idexx #3568	\$ 48.00	2513	Mirtazapine 7.5mg/ml 5ML	\$ 18.00
539	Leptospirosis Titer-Cornell	\$ 115.00	95	Miscellaneous Test/Treatments	\$ 0.00
1087	Lip Fold Correction	\$ 400.00	2760	Mitaban dip bottle	\$ 42.00
414	Lipase (pancreas)	\$ 52.00	2582	Mitox Liquid 12ml	\$ 8.00
2580	Liquichlor Ointment 10ml	\$ 10.00	2820	Mometamax/Maxlotic 15g	\$ 34.00
837	Liver Biopsy	\$ 400.00	2504	Morphine CRI/day	\$ 23.00
710	Local Anesthesia	\$ 55.00	2603	Mupirocin Oint. 2% 22g	\$ 20.00
2569	Loperamide 2mg	\$ 9.00	4186	Muzzle - extra large	\$ 13.00
562	Lyme & RMSF titer-Antech381	\$ 101.00	4185	Muzzle - small, medium, large	\$ 12.00
116	Lyme Annual Vaccination	\$ 45.00	3576	Mycodex Pearlescent	\$ 9.00
475	Lyme C6 4DX combo Idexx #2889	\$ 75.00	3581	Mycodex with Alrethrin	\$ 9.00
546	Lyme IgG	\$ 85.00	158	Nail Clip Large Bird	\$ 22.00
547	Lyme IgG/IgM	\$ 95.00	4181	Nail Scissors - Whites	\$ 15.00
3565	Lyme plus dip 16oz	\$ 22.00	1059	Nasal flush feline	\$ 90.00
162	Lyme Series #1 w/ other vac.	\$ 45.00	1088	Nasal Fold Excision	\$ 225.00
163	Lyme Series #2 w/ other vac.	\$ 45.00	84	Nasal oxygen catheter	\$ 85.00
554	Lyme Western Blot test	\$ 223.00	982	Nasolacrimal Flush/cath	\$ 60.00
2266	Lysodren 500mg Tablets	\$ 15.00	1053	Nasopharyngeal Polyp Removal	\$ 300.00
3342	MAA-A-Ket Shampoo 8 fl oz.	\$ 17.00	50	Nassau County Rabies Vaccine 1	\$ 15.00
2592	MalAcetic Otic 8 fl oz.	\$ 21.00	51	Nassau County Rabies Vaccine 2	\$ 15.00
2608	Malacetic Ultra Spray 8 fl oz	\$ 35.00	20	Nebulization-daily	\$ 48.00
2600	Malaket Wipes 50ct	\$ 15.00	509	Necropsy Service < 30 pounds	\$ 350.00
2599	Malaseb Pledgets 60 ct	\$ 18.00	510	Necropsy Service 30-60 lbs	\$ 350.00
3585	Malaseb Shampoo	\$ 17.00	511	Necropsy Service 60 lbs +	\$ 350.00
			4559	Needle 20ga x 1"	\$ 0.25
			4558	Needles 18g x 1"	\$ 0.30

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Page 9

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
4557	Needles box 18g x 1" -100	\$ 18.00	549	PCR Hemoplasma Panel Feline T985	\$ 115.00
2824	Neo-Caiglucon syrup	\$ 5.00	633	PCR Upper Respiratory Disease T-2512	\$ 175.00
2607	Neo-poly Gramicidin Drops 10ml	\$ 40.00	441	PCV (hematocrit)	\$ 25.00
2604	Neo-Poly-Dex drops	\$ 21.00	442	PCV Serial	\$ 18.00
2605	Neo-Poly-Dex Oint Dexasporin	\$ 24.00	3584	Pearlyt Shampoo 12 oz	\$ 10.00
1168	Nephrectomy	\$ 800.00	916	Pectineus Myotendonectomy	\$ 250.00
1169	Nephrotomy	\$ 800.00	250	Pedicure - courtesy	\$ 0.00
983	Nictitans Eye Flap	\$ 250.00	251	Pedicure - nail trim	\$ 15.00
2586	Nolvadent 1oz.	\$ 15.00	843	PEG tube placement	\$ 350.00
3569	Nolvasan Shampoo 8 ounces	\$ 27.00	2701	Pellitol	\$ 12.00
3777	Nolvasan Soln 4oz.	\$ 12.00	2700	Percortin-V and syringes	\$ 220.00
2489	NoSorb	\$ 4.00	1156	Perianal adenoma	\$ 550.00
5001	NYS Reimburse spay/neut adjust	\$ 0.00	1157	Perianal Adenoma/Castration	\$ 700.00
233	Obstetrical Assistance	\$ 350.00	3778	Pet Cal 60 Tablets	\$ 17.00
1	Office visit	\$ 68.00	4179	Pet Carrier	\$ 6.00
6	Office visit-courtesy	\$ 0.00	3785	Pet-Cal 180 Tablets	\$ 45.00
3494	Oflloxacin Ophthalmic Drops	\$ 44.00	3784	Pet-tabs #60	\$ 17.00
3770	Omega Tri-V Caps Large 60ct	\$ 17.00	3789	Pet-tabs Plus 60ct	\$ 21.00
3764	Omega Tri-V Caps Medium 60ct	\$ 12.00	3138	Pet-Tinic	\$ 20.00
3763	Omega Tri-V Caps Small 60ct	\$ 12.00	838	Pharyngostomy Tube Placement	\$ 180.00
3762	Omega Tri-V Liquid 8oz.	\$ 20.00	2480	Phenobarbital 60 mg	\$ 15.00
2511	Onsior 6mg packet/3 tablets	\$ 15.00	572	Phenobarbital level	\$ 98.00
4099	open	\$ 0.00	2481	Phenobarbital Tabs 1/4gr	\$ 19.00
1123	Operating Room Fee	\$ 300.00	2484	Phenylbutazone Tabs 100mg	\$ 5.00
3472	Optichamber and mask	\$ 85.00	416	Phosphorus	\$ 48.00
3316	Optimmune	\$ 48.00	3787	pHydriion papers - roll	\$ 13.00
3417	Optixcare	\$ 16.00	3347	PhytoVet P Anti Itch Shampoo 8oz	\$ 16.00
2500	Oral Cleansing Gel	\$ 15.00	3346	PhytoVet P Anti-Itch Spray	\$ 19.00
1804	Oral pro-severe tartar	\$ 150.00	4555	Pill Gun	\$ 6.00
1806	Oral Surgery (dental related)	\$ 60.00	4553	Pill Pocket Canine Small	\$ 8.00
2297	Orbax 22.7	\$ 15.00	4554	Pill Pocket Feline	\$ 8.00
2298	Orbax 68mg	\$ 15.00	4556	Pill Pocket- Canine Large	\$ 10.00
282	Osrnia Treatment 1 Tube	\$ 25.00	444	Platelet Count	\$ 44.00
2593	Oti-clens 4oz	\$ 20.00	515	PLI -canine (Idexx) (test 1849)	\$ 75.00
2818	Otomax	\$ 18.00	460	PLI test-Idexx Feline test 2493	\$ 78.00
1170	Ovariohysterectomy, See Below	\$ 0.00	610	PLI- Canine/Feline snap test	\$ 76.00
3573	Oxydex HP Shampoo 8oz	\$ 10.00	271	Pluck Ears/Nails	\$ 20.00
712	Oxygen - First Hour	\$ 50.00	287	Poison ingestion treatment	\$ 155.00
713	Oxygen additional hours	\$ 15.00	417	Potassium	\$ 48.00
2492	Oxyglobin 125 ml	\$ 210.00	2485	Potassium Bromide 10oz.	\$ 40.00
3732	Palladia 10mg / 30 ct	\$ 115.00	2498	Potassium Bromide 250mg / 60 tablets	\$ 24.00
3733	Palladia 15mg/ 30 ct	\$ 184.00	598	Potassium Bromide Level	\$ 152.00
3734	Palladia 50 mg/ 30 ct	\$ 500.00	3601	Potassium Gluconate Gel 5 oz	\$ 16.00
3460	Panacur 10 pound packet (3 per pack)	\$ 15.00	3582	Potassium Gluconate Powder (Rena Plus)	\$ 26.00
3461	Panacur 20 pounds (3 per pack)	\$ 15.00	3587	Potassium Gluconate Tablet	\$ 15.00
3463	Panacur 40 pound packet (3 per packet)	\$ 18.00	2304	Pramoderm HC Spray	\$ 27.00
3454	Panacur liquid/ ounce	\$ 15.00	2709	Prazosin 0.5mg capsule	\$ 15.00
2602	Panalag Ointment 30 ml	\$ 24.00	388	Pre-op Chempanel Antech-SA040	\$ 43.00
3134	Pancreazyme 12 oz	\$ 185.00	445	Praenesthetic Blood Screen In house	\$ 37.00
3133	Pancreazyme Powder 8oz	\$ 125.00	3688	Prednisolone 3MG/ml LIQUID per oz	\$ 15.00
3500	Panmycin Aquadrops	\$ 15.00	2870	Prednisolone Acetate Drops	\$ 24.00
2601	Panalag Ointment 15ml	\$ 14.00	3662	PREDNISOLONE Tabs 5mg	\$ 15.00
538	Parathormone/Calcium (Michigan)	\$ 140.00	3663	Prednisone Tabs 5mg	\$ 15.00
1058	Partial Laryngectomy	\$ 350.00	3664	Prednisone Tabs 20mg	\$ 15.00
541	Parvovirus Antigen	\$ 101.00	3667	Previcox 227mg	\$ 15.00
529	PCR Flea/Tick Borne Assay -Feline T985	\$ 198.00	3666	Previcox 57mg	\$ 15.00
390	PCR Bartonella S1315	\$ 180.00	2287	Primor 120	\$ 15.00
528	PCR Flea/Tick Borne Assay -Canine T960	\$ 198.00	2282	Primor 1200	\$ 15.00
516	PCR for FIP Antech T600	\$ 225.00	2280	Primor 240	\$ 15.00
459	PCR GI Profile - Canine T950	\$ 206.00	2281	Primor 600	\$ 15.00
451	PCR GI Profile - Feline T955	\$ 206.00	434	Pro BNP Test	\$ 140.00
			2572	Procrit	\$ 90.00

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Page 10

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
302	Progesterone Test	\$ 85.00	3655	Rimadyl 25mg	\$ 15.00
301	Progesterone Test-	\$ 85.00	3656	Rimadyl 75mg	\$ 15.00
3450	Proheart > 150#	\$ 110.00	4327	Ringers Lactated 1000ml (bag)	\$ 15.00
3315	Proheart 100.1-150#	\$ 95.00	555	Rocky Mountain Spotted Fever	\$ 57.00
3233	Proheart 30.1- 40#	\$ 46.00	842	Salivary Mucoseole	\$ 800.00
3234	proheart 40.1-50 #	\$ 50.00	2976	Scalibor Dog Tick collar	\$ 40.00
3235	Proheart 50.1-60#	\$ 54.00	01	SCHEDULE RECHECK APPT.	\$ 0.00
3258	Proheart 60.1- 70#	\$ 58.00	1153	Scrotal Ablation	\$ 425.00
3259	Proheart 70.1 -80#	\$ 62.00	632	SDMA - Idexx 3638	\$ 45.00
3260	Proheart 80.1-90#	\$ 51.00	3579	Sebalyt Shampoo Box	\$ 12.00
3261	Proheart 90.1-100#	\$ 70.00	2974	Sectrol Two-Way flea foam	\$ 14.00
3603	Proin 75mg	\$ 15.00	2975	Sectrol Two-Way Pet Spray 15oz	\$ 13.00
3604	Proin/Uniflex 25mg	\$ 15.00	304	Semen Analysis (major)	\$ 120.00
3605	Proin/Uniflex 50mg	\$ 15.00	303	Semen Analysis (minor)	\$ 80.00
715	Propofol anesthetic	\$ 22.00	306	Semen Collection/Al	\$ 180.00
473	Protein C test-Cornell U	\$ 125.00	3237	Sentinel 11 to 25#	\$ 50.00
542	Protein Electrophoresis	\$ 160.00	3267	Sentinel 11-25# single dose	\$ 9.00
449	Protein/Creatine ratio (363)	\$ 99.00	3236	Sentinel 2 to 10#	\$ 48.00
3271	Protonix Vial + Inj fee	\$ 15.00	3230	Sentinel 2-10# single dose	\$ 8.00
3501	Prozinc	\$ 125.00	3238	Sentinel 26 to 50#	\$ 58.00
2806	Psittacosis serum titer	\$ 36.00	3231	Sentinel 26-50# single dose	\$ 10.00
588	PT	\$ 42.00	3239	Sentinel 51 to 100#	\$ 68.00
595	PT, PTT (SCA2000)	\$ 96.00	3232	Sentinel 51-100# single dose	\$ 11.00
594	PT,PTT,Plate.,Fibrin,D-Dimer	\$ 190.00	4	Shelter examination	\$ 0.00
590	PT/PTT	\$ 96.00	2451	Sileo Gel 3ml	\$ 32.00
425	PTH	\$ 145.00	3309	Simparica 22.1 - 44 # 3 month	\$ 53.00
435	PTH- RP	\$ 191.00	3308	Simparica 11.1 - 22 # 3 month	\$ 50.00
589	PTT	\$ 40.00	3305	Simparica 2.8 - 5.5 # 3 month	\$ 48.00
840	Pyloroplasty	\$ 400.00	3310	Simparica 44.1- 88 # 3 month	\$ 64.00
2594	Pyoben Gel 1oz	\$ 14.00	3307	Simparica 5.6 - 11 # 3 month	\$ 49.00
1174	Pyometra, canine	\$ 850.00	3311	Simparica 88.1 - 132 # 3 month	\$ 55.00
1175	Pyometra, feline	\$ 700.00	2800	Simplicef 100mg	\$ 15.00
274	Rabbit Teeth Clip/Nails	\$ 40.00	2799	Simplicef 200 mg	\$ 15.00
141	Rabies Vac., Canine 1yr	\$ 88.00	488	Skin Scraping	\$ 42.00
142	Rabies Vac., Canine 2yr	\$ 35.00	2242	Stentrol 20ml	\$ 55.00
143	Rabies Vac., Feline 1yr	\$ 43.00	2246	Stentrol 50ml	\$ 109.00
144	Rabies Vac., Feline Kitten	\$ 93.00	420	SMA Profile (major)	\$ 112.00
609	Radiology Consultation Specialist	\$ 105.00	1916	Small Animal boarding	\$ 18.00
3515	Reconcile 8 mg 30 tablets	\$ 46.00	426	Sodium and Potassium	\$ 72.00
841	Rectal Prolapse	\$ 325.00	4330	Sodium Chloride 0.9 percent 1000ml bag	\$ 10.00
2054	Remove mats (routine)	\$ 18.00	4188	Soft Paws Application	\$ 45.00
2055	Remove mats (severe)	\$ 40.00	4187	Soft Paws Nail caps kit	\$ 14.00
91	Reporting Fee	\$ 4.00	622	Sonogram screen	\$ 110.00
4180	Resco nail trimmer	\$ 12.00	1184	Spay cat + Decl 4	\$ 675.00
3497	Resicort Conditioner	\$ 30.00	1185	Spay cat/declaw(2)	\$ 550.00
446	Reticulocyte Count	\$ 47.00	1177	Spay dog 15-30 #	\$ 305.00
RET	Return/Credit	\$ 0.00	1178	Spay dog 30-50 #	\$ 325.00
5014	Returned Check Services	\$ 30.00	1179	Spay dog 51-80#	\$ 340.00
7	Review	\$ 0.00	1180	Spay dog 80 lbs+	\$ 460.00
3243	Revolution Cats 5.1 -15# 6pack	\$ 105.00	1176	Spay dog<15 lbs	\$ 285.00
3252	Revolution Cats 5.1-15# 3pack	\$ 59.00	1181	Spay feline	\$ 285.00
3254	Revolution dog 10.1 - 20# 3pack	\$ 60.00	1183	Spay feline preg.	\$ 675.00
3245	Revolution dog 10.1-20# 6pack	\$ 105.00	1182	Spay feline/heat	\$ 380.00
3255	Revolution dog 20.1-40# 3pack	\$ 60.00	1195	Spay ferret	\$ 120.00
3246	Revolution dog 20.1-40# 6pack	\$ 105.00	1196	Spay mature dog-surgical fee	\$ 450.00
3256	Revolution dog 40.1-85# 3pack	\$ 63.00	1186	Spay Rabbit	\$ 400.00
3247	Revolution dog 40.1-85# 6pack	\$ 110.00	286	Special Serv.-late treatment	\$ 7.00
3253	Revolution dog 5.1-10# 3pack	\$ 59.00	864	Splenectomy	\$ 800.00
3244	Revolution dog 5.1-10# 6pack	\$ 103.00	3410	Staph Lysate Inj	\$ 118.00
3257	Revolution dog 85.1-130# 3pack	\$ 80.00	1054	Stenotic Nares Repair	\$ 350.00
3242	Revolution pup/kit <5# 3pack	\$ 53.00	587	Stone analysis	\$ 92.00
543	Rheumatoid Factor	\$ 59.00	1609	Subcutaneous Fluids	\$ 38.00
3657	Rimadyl 100mg	\$ 15.00	2493	Sucralate tablets	\$ 15.00
3652	Rimadyl 100mg 180ct.	\$ 280.00			

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Page 11

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
2356	Sulfasalazine	\$ 9.00	474	TLI B12 Folate Texas Feline	\$ 145.00
3576	Sulfoxydex 8 ounces	\$ 14.00	465	TLI Canine Antech T230	\$ 160.00
3582	SulfOxyDex Shampoo 12fl oz.	\$ 18.00	405	TLI Feline Antech S16800	\$ 88.00
3776	Suppical 5.0oz	\$ 8.00	466	TLI/B12/Folate Antech SA 160 (Canine)	\$ 155.00
865	Surgery Dr. Sevallal/ Infemuso	\$ 800.00	477	TLI/B12/Folate Antech SA275 (Feline)	\$ 144.00
1811	Surgical tooth extract. major	\$ 300.00	3451	Tobramycin 5ml	\$ 24.00
1812	Surgical tooth extract.-inter	\$ 110.00	2573	Torbutrol 6mg	\$ 15.00
1813	Surgical tooth extract.-simple	\$ 80.00	423	Total Protein	\$ 48.00
2822	Surotan 16ml	\$ 31.00	563	Toxoplasmosis IgG/IgM canine (S85030)	\$ 155.00
2510	Suspension, Chicken Flavored 1oz	\$ 7.00	565	Toxoplasmosis IgG/IgM Feline (T-720)	\$ 145.00
3414	Synotic (10ml) with Baytril 10(ml)	\$ 64.00	259	Tracheal Wash/collection	\$ 285.00
3411	Synotic 8 ml	\$ 25.00	1057	Tracheotomy	\$ 300.00
3412	Synotic w/ 3 ml enrofloxacin 22.7mg/ml	\$ 42.00	3653	Tramadol 50mg	\$ 19.00
4520	Syringe 6-12cc	\$ 1.00	708	Tranquilization	\$ 55.00
2496	Syringe filled with medication	\$ 8.00	2284	TraZodone 100mg Tablet	\$ 15.00
4519	Syringe tuberculin	\$ 0.50	2616	Tresaderm Solution 15ml	\$ 35.00
4517	Syringe-Insulin U40 Box	\$ 27.00	2283	Tribrissen Oral Susp. 48mg/ml	\$ 12.00
4521	Syringes 36-60cc	\$ 2.00	2285	Tribrissen Tabs 120mg	\$ 12.00
4522	Syringes 3cc 22g or 20g	\$ 0.75	985	Trichomonas Fecal PCR to Texas	\$ 130.00
1811	T- connector	\$ 5.00	2401	Trifexis 10.1-20#	\$ 115.00
552	T3	\$ 79.00	2402	Trifexis 20.1- 40#	\$ 120.00
551	T4	\$ 62.00	2403	Trifexis 40.1-60 #	\$ 122.00
2590	T8 Keto Flush	\$ 13.00	2400	Trifexis 5 -10#	\$ 112.00
3130	Tagamet 300mg	\$ 1.30	2404	Trifexis 60.1-120 #	\$ 125.00
3129	Tagamet Tabs 200mg	\$ 1.20	478	Triglyceride	\$ 48.00
280	Tear duct flush	\$ 65.00	2288	Trimethoprim Sulfa Tabs 120mg	\$ 15.00
93	Technician Overnight Sat. 5 pm on	\$ 275.00	2289	Trimethoprim Sulfa Tabs 480mg	\$ 15.00
94	Technician Overnight Service	\$ 200.00	450	Trichomonas PCR (inc. shipping)	\$ 98.00
92	Technician Overnight Sun. 12pm- on	\$ 350.00	3345	TrizChlor 4 Spray 8oz	\$ 26.00
273	Teeth Clip-lab animal	\$ 28.00	2595	TrizEDTA 4fl oz.	\$ 18.00
5015	Telephone & L/D Charges	\$ 0.00	2596	TrizEdta w/12 ml Enroflox 100mg/ml inj	\$ 50.00
918	Tendon Repair	\$ 450.00	1200	Tru-cut biopsy needle	\$ 90.00
914	Tendonectomy	\$ 400.00	2354	Tussigon Tablets 6 mg	\$ 19.00
3578	Tetramycin oph. ointment	\$ 23.00	2557	Tylan	\$ 110.00
1154	Testicular Tumor	\$ 450.00	2564	Tylan .25 bottle	\$ 32.00
310	Testosterone	\$ 150.00	616	Ultrasound	\$ 360.00
2278	Tetracycline Caps 250mg	\$ 15.00	626	Ultrasound Dr. Reid	\$ 375.00
2279	Tetracycline Caps 500mg	\$ 15.00	617	Ultrasound - 2 cavities	\$ 605.00
3400	Theophylline CR 200mg	\$ 15.00	618	Ultrasound and Biopsy	\$ 575.00
3401	Theophylline CR 300mg	\$ 15.00	627	Ultrasound and Biopsy Dr Reid	\$ 0.00
3402	Theophylline extend 100mg	\$ 15.00	621	Ultrasound guided aspirate	\$ 140.00
1122	Thoracic Tap - Drain Fluid	\$ 155.00	629	Ultrasound guided aspirate Dr Reid	\$ 0.00
1055	Thoracotomy	\$ 1,000.00	620	Ultrasound guided biopsy only	\$ 220.00
307	Thyroid autoantibody	\$ 52.00	630	Ultrasound guided biopsy only Dr Reid	\$ 0.00
518	Thyroglobulin Auto Antibody Test (T505)	\$ 89.00	677	Ultrasound-Focused assessment	\$ 90.00
560	Thyroid -Post post pill (4-6 hours) T498	\$ 62.00	1162	Urethrostomy	\$ 800.00
3327	Thyroid .5mg /100 tab (SOLOXINE BRAND)	\$ 20.00	1192	Urethrostomy/feline male	\$ 800.00
567	Thyroid Profile T4,FT4 SA370	\$ 135.00	581	Urinalysis (complete)	\$ 49.00
553	Thyroid profile-TSH,FT4,T4 Test (SA380)	\$ 185.00	582	Urinalysis (Ketodiastix)	\$ 14.00
3326	Thyroid Tabs 0.1mg / per 100	\$ 15.00	583	Urinalysis (multi stix)	\$ 30.00
3323	Thyroid Tabs 0.2mg/100	\$ 15.00	576	Urinalysis-specific gravity	\$ 25.00
3324	Thyroid Tabs 0.3mg/100	\$ 15.00	1193	Urinary Obstruction/canine	\$ 275.00
3325	Thyroid Tabs 0.5 mg/100	\$ 15.00	1194	Urinary Obstruction/feline	\$ 275.00
3322	Thyroid Tabs 0.6mg/100	\$ 15.00	96	Urine Culture Neg	\$ 0.00
597	Thyroid test-free T4 by dialys	\$ 125.00	586	Urine Specific Gravity	\$ 25.00
556	Thyroid=FT4,T4,TSH,AutoAntibody (SA400)	\$ 210.00	1164	Urohydropulsion	\$ 325.00
1092	Thyroidectomy	\$ 800.00	3018	V-Kem dip	\$ 12.00
548	Tick Serl-SA330 LY,RMSF,Ecanis	\$ 154.00	3020	V-Kem Sipho + Fogger 12oz	\$ 16.00
2501	Timentin antibiotic-bottle	\$ 32.00	3800	V.A.L. syrup bottle	\$ 42.00
			300	Vaginal Smaer	\$ 42.00
			2491	Valium Tabs	\$ 9.00

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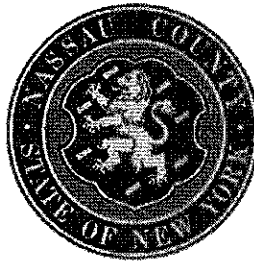
Page 12

Time: 1:50:47 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
4592	Venaset 73"	\$ 4.00
2260	Veraffox 25mg/ml 15ml	\$ 35.00
3240	Velmedin 1.25mg	\$ 15.00
3270	Velmedin 5mg tablet	\$ 15.00
3789	Vetoryl 10mg 30 capsules	\$ 70.00
3768	Vetoryl 30mg 30 capsules	\$ 88.00
3771	Vetoryl 60 mg 30 caps	\$ 114.00
2828	Vetropolycin Opht Ointment 3.5g	\$ 18.00
3508	Vetsulin 10ml	\$ 58.00
3135	VioKase Tabs 425mg	\$ 0.00
3030	VIP CAT DIP	\$ 13.00
3398	Vitamin K Tablet 5mg	\$ 15.00
3399	Vitamin K Tablets 25 mg	\$ 15.00
447	Von Willebrand's Titer	\$ 190.00
272	Wing Clip	\$ 20.00
453	Wisdom Panel	\$ 180.00
3	with Physical examination	\$ 0.00
90	Write In w/ RX	\$ 0.00
4999	Write-Off Services	\$ 0.00
601	X-Ray Addillon View	\$ 75.00
612	X-Ray Special Contrast Media Charge2	\$ 30.00
613	X-Ray Special Contrast Media Charge3	\$ 40.00
600	X-Ray-first view	\$ 92.00
2302	Zeniquin 100 mg	\$ 15.00
2303	Zeniquin 200 mg	\$ 17.15
2300	Zeniquin 25 mg	\$ 15.00
2301	Zeniquin 50 mg	\$ 15.00
550	Zinc Test	\$ 168.00
2487	Zonisamide 100mg	\$ 15.00
2486	Zonisamide 25mg	\$ 15.00
2488	Zonisamide 50 mg capsules	\$ 15.00
458	Zonisamide Level- Antech	\$ 195.00

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**EDWARD P. MANGANO**  
County Executive



**CARNELL T. FOSKEY**  
County Attorney

**COUNTY OF NASSAU**  
**OFFICE OF THE COUNTY ATTORNEY**  
One West Street  
Mineola, New York 11501-4820  
516-571-3056  
FAX: 516-571-6604

**To:** All Department Heads

**From:** Carnell T. Foskey  
County Attorney 

**Re:** Contracts to be posted on the County Website

**Date:** March 30, 2016

In order to avoid the disclosure of vendor information not subject to the Freedom of Information Law (FOIL), you or your designee should do the following:

You shall advise all persons and companies ("Contractors") submitting contract bids, proposals, or other information that will be included in the contract package, that the Contractor may submit, in addition to their routine paperwork, a duplicate redacted version of the paperwork. Such "website ready" paperwork will be posted on the County Legislature's website upon filing the proposed contract for Legislative approval. The "website ready" paperwork may also be used to respond to FOIL requests.

The "website ready" paperwork shall be identical to the paperwork being submitted for consideration by the department, except that the Contractor will have the opportunity to redact all information of a private or personal nature. The "website ready" paperwork is to be attached to the contract package that is being submitted for County approvals. If no "website ready" paperwork is attached to the contract package, it will be presumed that an un-redacted version of the paperwork is acceptable for posting on the County website.

Contractors shall be advised that redactions must be limited to information that is excepted from FOIL disclosure under Article 6 of the New York State Public Officers Law. The type of information that is excepted from FOIL disclosure and may be redacted includes, but is not limited to, social security numbers, home or personal telephone numbers, home addresses, e-mail addresses or social network usernames, information of a personal nature where disclosure would result in economic or personal hardship, and trade secrets or similar information the disclosure of which would cause substantial injury to the competitive position of the person or company providing it. The Contractor shall explain the reason(s) for each redaction. Further, the County reserves the right to unilaterally, without notice, reject Contractor redactions or make additional redactions.

Contractors shall be further advised that failure to submit "website ready" paperwork, including paperwork where redactions are not explained, shall be deemed their consent to the posting of the paperwork in its entirety. The County Legislature will then post an un-redacted version of the paperwork and provide such version to the public if requested pursuant to FOIL, subject to redaction by the County's internal FOIL disclosure procedures.

Contract ID#: CQDA15000004Department: District Attorney**Contract Details**SERVICE Veterinary ServicesNIFS ID #: CQDA15000004NIFS Entry Date: 02/10/15 Term: 03/01/15 -- 02/29/16

New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>	1) Mandated Program:	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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		County Department	
Name Mid Island Animal Hospital	Vendor ID# 11-2648297	Department Contact Robert McManus	
Address 264 West Old Country Road Hicksville, NY 11501	Contact Person Barbara Reynolds Office Manager  Phone (516) 681-5477	Address Nassau County District Attorney's Office 262 Old Country Rd. Mineola, NY 11501  Phone (516) 571-3354	

**Routing Slip**

DATE Rec'd	DEPARTMENT	Internal Verification	DATE App'd & Fw'd	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) <input checked="" type="checkbox"/> NIFS Appvl (Dept. Head) <input checked="" type="checkbox"/> Contractor Registered <input checked="" type="checkbox"/>	2/10/15 2/10/15	<i>Diak. Card</i> <i>Mr. Maki</i>	
	OMB	NIFS Approval (Contractor Registered) <input type="checkbox"/>	2/17/15	<i>William Cote</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
2/19/15	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	2/19/15	<i>[Signature]</i>	
2/22/15	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	2/22/15	<i>[Signature]</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2/22/15	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>			
2/22/15	County Attorney	NIFS Approval <input type="checkbox"/>	2/22/15	<i>[Signature]</i>	
	Comptroller	NIFS Approval <input type="checkbox"/>	2/11/15	<i>[Signature]</i>	
2/12/15	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	2/12/15	<i>[Signature]</i>	

**Contract Summary**

PR5254 (1/06)



**Description:** This is an agreement for veterinary services for a facility dog donated to the District Attorney's Office. This agreement covers the period from March 1, 2015 to February 29, 2016.

**Purpose:** The services to be provided by the Contractor under this Agreement shall consist of canine veterinary services, which will include but not be limited to diagnostic exams, emergency medical care, emergency surgery, kennel calls for both emergencies and routine care and other related services to promote the health and well-being of the dog assigned to the District Attorney's Office Special Victims Bureau.

**Method of Procurement:**

Sole Source due to location and familiarity with the dog's treatment and medical history.

**Procurement History:**

N/A

**Description of General Provisions:**

This is an agreement with Mid Island Animal Hospital to provide veterinary services to a trained facility dog donated to the District Attorney's Office. The dog's function is to help vulnerable and frightened victims and witnesses – particularly children – to feel more comfortable discussing traumatic or violent events or experiences. The amount of the agreement is \$5,000.00 and the term is one (1) year with an option to renew for up to an additional three (3) one (1) year periods.

**Impact on Funding / Price Analysis:**

This agreement will be funded by discretionary forfeiture funds with no cost to Nassau County.

**Change in Contract from Prior Procurement:**

No change.

**Recommendation:** Approve as submitted.

## Advisement Information

BUDGET CODES	
Fund:	GRT
Control:	DA89
Resp:	DA 891A
Object:	DE 500
Transaction:	CQ

RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXX
County	\$
Federal	\$
State	\$5,000.00
Capital	\$
Other	\$
<b>TOTAL</b>	<b>\$5,000.00</b>

LINE	INDEX/OBJECT CODE	AMOUNT
1	DAGRT891AOTH/DE500	\$5,000.00
2		\$
3		\$
4		\$
5		\$
6		\$
<b>TOTAL</b>		<b>\$5,000.00</b>

Document Prepared By: R. McManus

Date: 02/10/15

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 <u>[Signature]</u>
Name <u>[Signature]</u>	Name <u>[Signature]</u>	Date <u>2/12/15</u>	Date <u>2/12/15</u>
Date <u>2/12/15</u>	Date <u>2/12/15</u>		(For Office Use Only)
			E #:

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: Mid Island Animal Hospital

CONTRACTOR ADDRESS: 264 West Old Country Road  
Hicksville, NY 11501

FEDERAL TAX ID #: 11-2648297

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.**

This is a renewal of a contract that was awarded the county by the state and federal government to enhance and expand the work done in the schools under the first contract. See Staff Summary.

**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.**

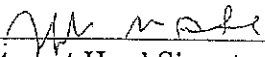
- ☒ A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals 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. This is an agreement to provide funding for transportation and supplies for a specific event conducted by this vendor. The attached memorandum provides further details as to why a competitive process is not appropriate in this situation.**

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

02/11/15  
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*



MADLINE SINGAS  
ACTING  
DISTRICT ATTORNEY

OFFICE OF  
THE DISTRICT ATTORNEY  
NASSAU COUNTY

To: Office of the Comptroller  
Office of Management and Budget

From: Jeffrey M. Stein  
Chief Administrative Officer

Date: 02/10/15

Re: Sole Source Justification – Mid Island Animal Hospital

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This agreement with Mid Island Animal Hospital is to provide veterinary services to “Megga”, a “facility dog” trained to assist victims and witnesses in sensitive cases, primarily children in abuse cases. The dog was provided free of charge by Canine Companions for Independence. Canine Companions is a national organization that trains both dogs and their handlers is assisting in stressful scenarios for victims and witnesses – especially children – such as those frequently faced in a prosecutor’s office. The dog is trained to help vulnerable and frightened victims and witnesses feel more comfortable discussing traumatic or violent events.

A competitive bidding process would not be appropriate due to the fact that Mid Island Animal hospital is familiar with Megga due to having treated her since she was a puppy. In addition, the location of Mid Island Animal Hospital is convenient and nearby to both the Nassau County District Attorney’s Office and the home of the Assistant District Attorney assigned to caring for the dog in the event of an emergency.

## CONTRACT FOR SERVICES

THIS AGREEMENT, dated as of 2015 (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), 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 Nassau County District Attorney's Office, having its principal office at 262 Old Country Road, Mineola, New York 11501 (the "Department") and (ii) Mid Island Animal Hospital, having its principal office at 264 West 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 premises and mutual covenants contained in this Agreement, the parties agree as follows:

1. Term. This Agreement shall commence on March 1, 2015, and shall terminate on February 29, 2016, unless sooner terminated in accordance with the provisions of this agreement; provided, however, the County may renew this Agreement under the same terms and conditions for three (3) additional one (1) year periods.

2. Services. The services to be provided by the Contractor under this Agreement shall consist of canine veterinary services, which will include but not be limited to diagnostic exams, emergency medical care, emergency surgery, kennel calls for both emergencies and routine care and other related services to promote the health and well-being of the dog(s) assigned to the Department's Special Victims Bureau (the "Services").

3. Payment. (a) Amount of Consideration. The County agrees to pay the Contractor pursuant to the rate schedule for Services provided which is attached hereto as "Exhibit A" and incorporated herein by reference. The maximum amount to be paid to the Contractor as full consideration for the Contractor's Services under this Agreement shall not exceed Five Thousand Dollars (\$5,000.00) ("Maximum Amount"), for each contract year ending on the last day of February, contingent upon available appropriation and encumbrance of funds for these Services.

(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 Department 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.

(f) Reimbursement by the Contractor upon Loss of Funding. In addition to any other remedies available to the County, in the event that the County loses funding, including reimbursement, from the State or federal government for any Services arising out of or in connection with any act or omission of the Contractor or a Contractor Agent (i) the County will have no further obligations to the Contractor under this Agreement and (ii) the Contractor shall pay the County the full amount of lost funds on demand, but not in excess of the amount paid to the Contractor under this Agreement.

(g) Reallocation Among Line Items. The Contractor may reallocate monies within the budget, provided however, that the Contractor shall not reallocate more than ten percent (10%) of the amount allocated to any line item to another line item nor add or subtract a line item, without the prior written consent of the Department, Clause 10 notwithstanding.

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.

(d) Protection of Client Information. The Contractor acknowledges and agrees that all information that the Contractor acquires in connection with performance under this Agreement is strictly confidential, shall be held in the strictest confidence and shall be used solely for the purpose of performing services for or on behalf of the County. Such confidential information shall not be disclosed to third parties except (i) as permitted under this Agreement, or (ii) with the written consent of the County (and then only to the extent of the consent) or (iii) upon legal compulsion. The provisions of this section shall survive the termination of this

Agreement and any breach of these provisions shall be cause for immediate termination of this Agreement.

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 Department 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 Department 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 Department. 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 Department of the same and deliver to the Department 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 coverage. 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 the other required coverage 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 Department, 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 Department 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 Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Department) 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. 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 and other governmental 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.

20. 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.

[Remainder of Page Intentionally Left Blank]

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

MID ISLAND ANIMAL HOSPITAL

By: Mitchell Kornet DM  
Name: Mitchell Kornet  
Title: DM  
Date: 2/5/15

NASSAU COUNTY

By: Charles Ribardo  
Name: CHARLES Ribardo  
Title: County Executive  
☒ Deputy County Executive  
Date: 2/27/15

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 5 day of February in the year 2015 before me personally came Michele Kourt to me personally known, who, being by me duly sworn, did depose and say that she resides in the County of \_\_\_\_\_; that he or she is the Owner of Mid Island Animal Hospital, the corporation described herein and which executed the above instrument; and that she signed her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

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

*Michele Scarazzini*

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 27 day of February in the year 2015 before me personally came Charles Ribando to me personally known, who, being by me duly sworn, did depose and say that he resides in the County of Nassau; that he is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he signed his name thereto pursuant to Section 205 of the County Government Law of Nassau County.

*Cecilia A. Petrucci*  
NOTARY PUBLIC

CECILIA A. PETRUCCI  
Notary Public, State of New York  
No. 01F878036  
Qualified in Nassau County  
Commission Expires April 02, 2016

# APPENDIX A

Mid Island Animal Hospital

Price Listing

Wednesday, December 17, 2014

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: ANESTHESIA SERVICES			303	Semen Analysis (minor)	\$ 45.00
799	*Write In5	\$ 0.00	306	Semen Collection/Al	\$ 160.00
714	Blood pressure monitor & IV	\$ 28.00	307	Thyroid autoantibody	\$ 52.00
700	ECG Monitoring Service	\$ 75.00	300	Vaginal Smear	\$ 35.00
711	Electronic anesthesia monitor+	\$ 52.00	Category Name: DENTAL SERVICES		
704	Gas anesthesia > 60 lbs	\$ 125.00	1899	*Write In8	\$ 0.00
702	Gas anesthesia < 25 lbs	\$ 110.00	1807	Deciduous teeth-extract 1	\$ 55.00
703	Gas anesthesia 26-60 lbs	\$ 115.00	1808	Deciduous teeth-extract 2	\$ 60.00
701	Gas anesthesia-Xrays	\$ 100.00	1809	Deciduous teeth-extract 3	\$ 105.00
705	Gas Anesthesia/addl hour	\$ 80.00	1810	Deciduous teeth-extract 4	\$ 120.00
706	Injectable anesthesia - Cats	\$ 80.00	1800	Dental Cleaning	\$ 75.00
707	Injectable anesthesia - Dogs	\$ 90.00	1801	Dental Cleaning-	\$ 88.00
710	Local Anesthesia	\$ 55.00	1802	Dental Cleaning--	\$ 105.00
712	Oxygen - First Hour	\$ 50.00	1803	Dental Cleaning---	\$ 120.00
713	Oxygen additional hours	\$ 15.00	1806	Extraction(s)	\$ 28.00
715	Propofol anesthetic	\$ 22.00	1898	EXTRACTIONS ARE ADDITIONAL	\$ 0.00
708	Tranquilization	\$ 55.00	1804	Oral pro-severe tartar	\$ 135.00
Category Name: AVIAN-EXOTIC ANIMAL SERVICES			1806	Oral Surgery (dental related)	\$ 60.00
6000 (PRO.SERV/AVIAN+, 6000-6099)		\$ 0.00	1811	Surgical tooth extract. major	\$ 300.00
6499 *Write In14		\$ 0.00	1812	Surgical tooth extract.-Inter	\$ 110.00
Category Name: BOARDING SERVICES			1813	Surgical tooth extract.-simple	\$ 80.00
1900 (BOARDING FEES, 1900-1920)		\$ 0.00	Category Name: DEWORMING SERVICES		
1991 * nights @ \$__ per night		\$ 0.00	2199	*Write In11	\$ 0.00
1990 * nights @ \$__ per night +tax		\$ 0.00	2100	Deworming - inject. < 15 lbs	\$ 32.00
1999 *Write In9		\$ 0.00	2103	Deworming - inject. > 60 lbs	\$ 48.00
1917	Bird boarding	\$ 12.00	2101	Deworming - inject. 15-30 lbs	\$ 35.00
1947	Boarding w/ Fluids	\$ 15.00	2102	Deworming - inject. 31-60 lbs	\$ 40.00
1901	Canine boarding <25#	\$ 23.00	2105	Deworming - oral	\$ 20.00
1904	Canine boarding >90#	\$ 38.00	2106	Deworming - oral (pup/kit)	\$ 8.00
1902	Canine boarding 26-60#	\$ 28.00	2107	Deworming-oral(w/Office Visit)	\$ 14.00
1903	Canine boarding 61-90#	\$ 32.00	Category Name: EXAMINATION SERVICES		
1908	Canine boarding c med <25#	\$ 27.00	199	*Write In0	\$ 0.00
1911	Canine boarding c med >90#	\$ 42.00	160	Bordetella-without other serv.	\$ 48.00
1909	Canine boarding c med 26-60#	\$ 33.00	159	Bordetella Vaccination	\$ 38.00
1910	Canine boarding c med 61-90#	\$ 37.00	125	Canine Influenza Vaccine	\$ 45.00
1923	Canine Boarding- Day Boarding	\$ 22.00	193	Canine Rabies 2 years	\$ 45.00
1919	Canine diabetic bd <25#	\$ 35.00	190	Corona vaccine	\$ 35.00
1913	Canine diabetic bd >90#	\$ 47.00	191	Corona vaccine with other vac.	\$ 12.00
1920	Canine diabetic bd 26-60#	\$ 38.00	164	DA2P-CPV Vaccine	\$ 40.00
1912	Canine diabetic bd 61-90#	\$ 42.00	145	DA2PCPV + Rabies 1 year vac.	\$ 90.00
1906	Diabetic Boarding-daily fee	\$ 6.00	146	DA2PCPV + Rabies 2 years vac. with Exam	\$ 90.00
1907	Feline boarding	\$ 20.00	173	DA2PCPV + RV1 vaccine	\$ 50.00
1914	Feline boarding with med.	\$ 22.00	174	DA2PCPV + RV2 vaccine	\$ 50.00
1922	Feline Boarding- Day Boarding	\$ 15.00	122	DA2PCPV Puppy 30 day	\$ 85.00
1915	Feline diabetic boarding	\$ 35.00	124	DA2PCPV Puppy Final 1year	\$ 85.00
1918	Ferret Boarding	\$ 33.00	120	DA2PCPV Tri- Annual Vaccination	\$ 33.00
1905	Medication Fee (1)	\$ 1.00	98	Fecal Float Neg	\$ 0.00
1916	Small Animal boarding	\$ 14.00	194	Feline Rabies 1 year	\$ 45.00
Category Name: BREEDING SERVICES			195	Feline Rabies 2 years	\$ 45.00
305	Artificial Insemination (comp)	\$ 160.00	134	FeLV 1year	\$ 85.00
308	Cardiopet-routine exam	\$ 95.00	133	FeLV 30day	\$ 85.00
309	Cardiopet-stat exam	\$ 140.00	132	FeLV Bi- Annual Vaccination	\$ 35.00
302	Progesterone Test	\$ 55.00	187	FeLV w/other Vaccines	\$ 30.00
301	Progesterone Test-	\$ 65.00	154	Ferret Distemper Vaccine	\$ 60.00
304	Semen Analysis (major)	\$ 90.00	167	Ferret Rabies 1yr,Distemp.,vac	\$ 78.00
			155	Ferret Rabies Vaccine	\$ 60.00

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

Page 1

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PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: EXAMINATION SERVICES (Cont.)			2023	Groom- shave all hair per hour	\$ 70.00
135	FIP Annual Vaccination	\$ 42.00	2027	Grooming by Professional	\$ 40.00
136	FIP Vacc. Series #1 of 2	\$ 42.00	2051	Mitaban Dip only + mitaban bottle	\$ 70.00
137	FIP Vacc. Series #2 of 2	\$ 42.00	2054	Remove mats (routine)	\$ 10.00
175	FVR-CP + RV1	\$ 58.00	2055	Remove mats (severe)	\$ 25.00
176	FVR-CP + RV2	\$ 58.00	Category Name: HOSPITALIZATION SERVICES		
165	FVR-CP Vaccine (mlv)	\$ 35.00	1620	(DAILY CARE FEES, 1620-1639)	\$ 0.00
129	FVRCP Kitten 30day	\$ 85.00	1600	(FLUID THERAPY, 1600-1619)	\$ 0.00
130	FVRCP Kitten Final 1year	\$ 85.00	1640	(HOSPITAL INJECT., 1640-1659)	\$ 0.00
131	FVRCP Kitten Vacc. #3 of 3	\$ 85.00	1699	*Write In7	\$ 0.00
128	FVRCP Tri-Annual Vaccination	\$ 33.00	1629	<Day Care-Reserved 1629-1639>	\$ 0.00
149	FVRCP,Rabies 1 year,FeLV vac.	\$ 90.00	1669	Additional Injections	\$ 12.00
150	FVRCP,Rabies,FeLV vac.	\$ 105.00	1627	Bird or Lab Animal Hospit.	\$ 45.00
97	Heartworm Neg	\$ 0.00	1601	Blood Transfusion Cat-type A bloodbank	\$ 295.00
113	Leptospiira Annual	\$ 35.00	1618	Blood Transfusion Dog- double unit	\$ 285.00
114	Leptospiira Vacc. #1 of 2	\$ 35.00	1602	Blood Transfusion Dog- single unit	\$ 195.00
115	Leptospiira Vacc. #2 of 2	\$ 35.00	1614	Burette	\$ 22.00
166	Leukocell (FeLV) Vaccine	\$ 35.00	1613	Catheter cap	\$ 4.00
116	Lyme Annual Vaccination	\$ 38.00	1626	Catheter placement-IV	\$ 50.00
162	Lyme Series #1 w/ other vac.	\$ 38.00	1622	Cats Hospitalization	\$ 60.00
163	Lyme Series #2 w/ other vac.	\$ 38.00	1616	Central Ven Press. measurement	\$ 65.00
117	Lyme Vacc. Series #1	\$ 80.00	1621	Day Patient Care	\$ 45.00
118	Lyme Vacc. Series #2	\$ 80.00	1623	Dogs < 21 lbs Hospitalization	\$ 62.00
161	Lyme Vaccination w/ other vac.	\$ 38.00	1625	Dogs > 51 lbs Hospitalization	\$ 70.00
95	Miscellaneous Test/Treatments	\$ 0.00	1624	Dogs 21-50 lbs Hospitalization	\$ 65.00
3450	Proheart > 150#	\$ 110.00	1608	Extension Set	\$ 4.00
3230	Proheart 1-10#	\$ 34.00	1626	Ferret Hospitalization	\$ 60.00
3231	Proheart 10.1-20#	\$ 38.00	1604	Fluid Therap Addit Bottles	\$ 18.00
3315	Proheart 100.1-150#	\$ 95.00	1608	Fluid therapy - burette	\$ 25.00
3233	Proheart 30.1-40#	\$ 46.00	1603	Fluid Therapy IV First Bottle	\$ 72.00
3234	proheart 40.1-50 #	\$ 60.00	1606	Fluid Therapy-daily care	\$ 50.00
3258	Proheart 60.1-70#	\$ 58.00	1610	Fluids-Irrigation 500 ml bottl	\$ 10.00
3259	Proheart 70.1-80#	\$ 62.00	456	Fresh Frozen Plasma 1 unit	\$ 160.00
3260	Proheart 80.1-90#	\$ 51.00	101	Fungal Culture - Negative	\$ 0.00
3261	Proheart 90.1-100#	\$ 70.00	1612	I.V. Adapter cap	\$ 4.00
170	Rabies Canine w/other vaccines	\$ 30.00	1630	Intensive care	\$ 150.00
171	Rabies Feline w/other vaccines	\$ 30.00	1615	IV catheter placement	\$ 65.00
141	Rabies Vac., Canine 1yr	\$ 85.00	1615	IV catheter placement	\$ 125.00
142	Rabies Vac., Canine 2yr	\$ 33.00	1607	Jugular Catheter	\$ 45.00
143	Rabies Vac., Feline 1yr	\$ 38.00	1609	Subcutaneous Fluids	\$ 35.00
144	Rabies Vac., Feline Kitten	\$ 90.00	1611	T- connector	\$ 5.00
169	Rabies Vaccination, Canine 1yr	\$ 35.00	93	Technician Overnight Sat. 5 pm on	\$ 275.00
192	Rabies Vaccine 1yr canine	\$ 45.00	94	Technician Overnight Service	\$ 200.00
96	Urine Culture Neg	\$ 0.00	92	Technician Overnight Sun. 12pm- on	\$ 350.00
Category Name: GROOMING-BATHING SERVICES			Category Name: INVENTORY-INHOUSE-EXPENDABLES		
2059	*Write In10	\$ 0.00	4301	(FLUIDS, 4301-4399)	\$ 0.00
2011	Bath - medicated more than 80#	\$ 44.00	4500	(HOSP/GEN.MED SUP, 4500-4649)	\$ 0.00
2000	Bath Medicated 20 lbs or less	\$ 38.00	4300	(INVENTORY, 4300-4999)	\$ 0.00
2002	Bath Medicated 51 to 80 lbs	\$ 42.00	4650	(LABORATORY SUP., 4650-4799)	\$ 0.00
2001	Bath Medicated 21 to 50 lbs	\$ 40.00	4400	(MAINT/WARD SUP., 4400-4499)	\$ 0.00
2003	Bath Medicated 81 lbs or more	\$ 46.00	4800	(OFFICE/COMPUTER, 4800-4899)	\$ 0.00
2007	Bath Medicated Feline	\$ 35.00	4900	(RADIOLOGY SUP., 4900-4999)	\$ 0.00
2005	Bath- boarding	\$ 24.00	4518	Butterfly 21ga	\$ 2.00
2004	Bath-Cosmetic	\$ 35.00	4325	Collar 10" and 12"	\$ 8.00
2013	Bath-Dermazola shampoo	\$ 60.00	4326	Collar 15" through 30"	\$ 10.00
2012	Bath-Lyme sulfur	\$ 45.00	4329	DAP Collar Med-Lg.	\$ 48.00
2006	Ear Cleaning & Nails	\$ 25.00	4328	DAP Collar Small	\$ 42.00
2024	Groom - therapeutic/major	\$ 40.00	4559	Needle 20ga x 1"	\$ 0.25
2025	Groom - therapeutic/minor	\$ 20.00			

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 \* = 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: INVENTORY-INHOUSE-EXPENDABLES (Con			424	BUN/Creatinine	\$ 58.00
4558	Needles 18g x 1"	\$ 0.30	407	Calcium	\$ 45.00
4557	Needles box 18g x 1"-100	\$ 18.00	413	Calcium-Ionized	\$ 92.00
4555	Pill Gun	\$ 6.00	415	Calcium-Ionized & PTH(S16595)	\$ 184.00
4327	Ringers Lactated 1000ml (bag)	\$ 7.00	394	Canine Influenza Titer Cornell	\$ 80.00
4520	Syringe 6-12cc	\$ 1.00	439	CBC (complete blood count)	\$ 60.00
4519	Syringe tuberculin	\$ 0.50	418	CBC, Miniscreen (910)	\$ 75.00
4517	Syringe-insulin U40 Box	\$ 24.00	421	CBC, SMA Profile	\$ 121.00
4521	Syringes 35-60cc	\$ 2.00	419	CBC, SMA, UA	\$ 143.00
4522	Syringes 3cc 22g or 20g	\$ 0.75	391	Cholesterol	\$ 40.00
4592	Venaset 73"	\$ 4.00	409	Cholinesterase	\$ 108.00
4999	Write-Off Services	\$ 0.00	432	Clostridium enterotoxin	\$ 132.00
Category Name: LABORATORY SERVICES			526	Coombs test	\$ 108.00
400	(BLOOD CHEMISTRY, 400-435)	\$ 0.00	568	Cortisol level	\$ 68.00
436	(HEMATOLOGY, 436-460)	\$ 0.00	471	Cortisol/Creat ratio (351)	\$ 122.00
461	(MICROBIOLOGY, 461-479)	\$ 0.00	523	Cortrosyn (per 0.10ml)	\$ 58.00
480	(PARASITOLOGY, 480-499)	\$ 0.00	545	CPK serology #014	\$ 43.00
500	(PATHOLOGY, 500-519)	\$ 0.00	410	Creatinine	\$ 50.00
570	(TOXICOLOGY, 570-579)	\$ 0.00	556	Cryptococcus titer	\$ 122.00
580	(UROLOGY, 580-597)	\$ 0.00	399	Culture & Sens Combo Aerobic & Anaerobic	\$ 196.00
599	*Willa In3	\$ 0.00	462	Culture & Sens.-Aerobic	\$ 88.00
408	accu Plox 4	\$ 43.00	463	Culture & Sens.-bacterial (Urine)	\$ 88.00
521	Acetylcholine receptor test	\$ 240.00	467	Culture-anaerobic	\$ 116.00
631	ACTH Resp. 4 hrs & 5 hrs Post Trilostane	\$ 85.00	469	Culture-Blood	\$ 132.00
631	ACTH Resp. 4 hrs & 5 hrs Post Trilostane	\$ 143.00	479	Culture-fecal Sal,Camp,Shig,Ye	\$ 122.00
522	ACTH response test	\$ 85.00	470	Culture-fungus swab (ANTECH)	\$ 58.00
522	ACTH response test	\$ 143.00	464	Culture-Ringworm DTM	\$ 105.00
393	ACTH Response- Feline	\$ 72.00	468	Culture-Salmonella/Campyl.	\$ 132.00
393	ACTH Response- Feline	\$ 130.00	531	Cytology (in house)	\$ 38.00
540	Adrenal Profile Test-Tennessee	\$ 275.00	502	Cytology and aspirate	\$ 81.00
491	Albumin	\$ 40.00	577	Cytology-ear	\$ 35.00
392	Aldosterone Level	\$ 132.00	433	D-Dimer	\$ 90.00
401	Alkaline Phosphatase	\$ 40.00	524	Dexamethasone Suppression test	\$ 162.00
525	Allergy Testing-IgE	\$ 175.00	571	Digoxin Assay	\$ 62.00
402	Amylase	\$ 40.00	395	Distemper (IgG,IgM) Antech T555	\$ 113.00
530	ANA-antinuclear antibody test	\$ 95.00	566	Distemper/Parvo titer T565	\$ 108.00
513	Aspirate	\$ 32.00	490	Ear cytology slide	\$ 35.00
512	B-12 (Antech 838)	\$ 72.00	481	Ear Mite Swab	\$ 30.00
573	B12/Folate Assay (Antech S16195)	\$ 87.00	437	Ehrlichia canis titer	\$ 122.00
569	Babesia canis titer	\$ 122.00	440	Eosinophil Count	\$ 30.00
514	Bartonella western blot test	\$ 52.00	495	Fanconi Urine Test	\$ 139.00
428	Bile Acids pre+post	\$ 123.00	561	FAVN Rabies Antibody Titer KSU w/o ship	\$ 200.00
427	Bile Acids-pre	\$ 81.00	544	Fecal alpha 1 protease inhibitor	\$ 145.00
403	Bilirubin (direct)	\$ 43.00	483	Fecal antech laboratory "T805"	\$ 43.00
404	Bilirubin (total)	\$ 43.00	498	Fecal Baerman	\$ 122.00
494	Biopsy-margin evaluation	\$ 81.00	497	Fecal Direct	\$ 38.00
517	Biopsy-surgical margin eval.	\$ 81.00	482	Fecal Examination	\$ 38.00
557	Blood Collecting Fee	\$ 45.00	496	Fecal Pathogen (Antech caode SA350)	\$ 212.00
579	Blood crossmatch	\$ 80.00	487	Fecal-float and giardia Elisa (test 405)	\$ 52.00
454	Blood Processing Fee	\$ 55.00	493	Fecal-Occult Blood	\$ 71.00
578	Blood type	\$ 75.00	596	Fel Ser II(FIV,FeLV,FIP,Toxo)	\$ 79.00
585	Blood type and crossmatch	\$ 110.00	533	Feline Leukemia (Elisa)	\$ 57.00
476	BNP Cardiac Test	\$ 115.00	534	Feline Leukemia (FA) Test	\$ 101.00
501	Bone Marrow Exam/Incl. collect	\$ 240.00	592	Fibrinogen and D-dimer	\$ 110.00
527	Brucellosis Titer	\$ 85.00	575	FIP Elisa (7B) proteins	\$ 57.00
438	Buffy Coat	\$ 95.00	584	FIP titer	\$ 66.00
406	BUN (azo-stix)	\$ 17.00	535	FIV Test	\$ 46.00
			532	FIV-Western Blot Test	\$ 175.00
			536	FIV/FeLV Test	\$ 65.00
			624	Flow Cytometry- CSU + ship	\$ 220.00
			503	Fluid analysis & cytology	\$ 164.00
			504	Fluid analysis and collection	\$ 191.00

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Page 3

Time: 12:06:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: LABORATORY SERVICES (Cont.)			460	PLI test-Isexx Feline test 2493	\$ 72.00
472	Free T4	\$ 103.00	610	PLI- Canine/Feline snap test	\$ 55.00
411	Fructosamine test -diabetics	\$ 86.00	417	Potassium	\$ 40.00
593	FSP	\$ 25.00	598	Potassium Bromide Level	\$ 143.00
678	Fungal Histoplasmosis Ag-Urine	\$ 262.00	388	Pre-op Chempanel Antech-SA040	\$ 43.00
559	Fungal profile serology	\$ 111.00	445	Preanesthetic Blood Screen in house	\$ 37.00
591	GGT/Creatinine Ratio (code T930)	\$ 90.00	434	Pro BNP Test	\$ 122.00
484	Giardia Elisa	\$ 53.00	473	Protein C test-Cornell U	\$ 90.00
412	Glucose (sugar)	\$ 40.00	542	Protein Electrophoresis	\$ 148.00
429	Glucose-serial exam (ANTECH)	\$ 118.00	449	Protein/Creatinine ratio (363)	\$ 95.00
430	Glucose-serial in house	\$ 18.00	588	PT	\$ 42.00
486	Heartworm Exam (occult)	\$ 43.00	595	PT, PTT (SCA2000)	\$ 83.00
485	Heartworm Microfilaria Knotts Test T390	\$ 57.00	594	PT,PTT,Plate.,Fibrin,D-Dimer	\$ 166.00
492	Heartworm test -- feline	\$ 79.00	590	PT/PTT	\$ 89.00
574	Helicobacter test	\$ 79.00	425	PTH	\$ 139.00
489	Hemobartonella	\$ 47.00	435	PTH- RP	\$ 191.00
505	Histopathology (biopsy)	\$ 113.00	589	PTT	\$ 40.00
506	Histopathology (skin-biopsy)	\$ 176.00	446	Reticulocyte Count	\$ 47.00
499	Histopathology Lymphoma Profile VDX	\$ 350.00	543	Rheumatoid Factor	\$ 59.00
507	Histopathology- Biopsy extra sections	\$ 52.00	555	Rocky Mountain Spotted Fever	\$ 57.00
508	Histopathology-Cornell University/Isexx	\$ 165.00	488	Skin Scraping	\$ 35.00
448	Hyperthyroid check (t135)	\$ 92.00	420	SMA Profile (major)	\$ 103.00
452	I-Stat EC8 blood chemistry	\$ 68.00	428	Sodium and Potassium	\$ 63.00
457	Immunophenotypic Staining VDX Diagnostic	\$ 240.00	587	Stone analysis	\$ 83.00
537	Insulin/Glucose ratio	\$ 148.00	552	T3	\$ 83.00
443	Iron Profile	\$ 80.00	551	T4	\$ 55.00
431	Lead level-blood	\$ 143.00	560	T4-Post post medication (4-6 hours)	\$ 56.00
398	Lepto Blood T974	\$ 95.00	518	Thyroglobulin Auto Antibody Test (T505)	\$ 85.00
396	Lepto PCR Blood & Urine T978	\$ 140.00	567	Thyroid Profile T4,TT4,SA370	\$ 122.00
397	Lepto PCR Urine T976	\$ 95.00	553	Thyroid profile-TSH,TT4,T4 Test (SA380)	\$ 175.00
389	Leptospirosis Elisa Isexx #3568	\$ 40.00	597	Thyroid test-free T4 by dialys	\$ 117.00
539	Leptospirosis Titer-Cornell	\$ 110.00	556	Thyroid=FT4,T4,TSH,AutoAntibody (SA400)	\$ 196.00
414	Lipase (pancreas)	\$ 47.00	548	Tick Serd-SA330 LY,RMSF,Ecanis	\$ 154.00
562	Lyme & RMSF titer-Antech381	\$ 101.00	474	TLI B12 Folate Texas Feline	\$ 145.00
475	Lyme C6 4DX combo Isexx #2889	\$ 70.00	465	TLI Canine Antech T230	\$ 158.00
546	Lyme IgG	\$ 85.00	405	TLI Feline Antech S16800	\$ 80.00
547	Lyme IgG/IgM	\$ 80.00	466	TLI/B12/Folate Antech SA 160 (Canine)	\$ 135.00
554	Lyme Western Blot test	\$ 223.00	477	TLI/B12/Folate Antech SA275 (Feline)	\$ 127.00
520	Mast Cell Marker and Biopsy (AMC)	\$ 495.00	423	Total Protein	\$ 40.00
519	Mast Cell Markers (AMC)	\$ 400.00	563	Toxoplasmosis IgG/IgM (1328)	\$ 122.00
564	Masticatory myositis test 1207	\$ 228.00	565	Toxoplasmosis IgG/IgM CSU	\$ 110.00
422	Miniscreen blood test (911)	\$ 74.00	985	Trichomonas Fecal PCR to Texas	\$ 125.00
509	Necropsy Service < 30 pounds	\$ 350.00	478	Triglyceride	\$ 43.00
510	Necropsy Service 30-60 lbs	\$ 350.00	450	Trichomonas PCR (inc. shipping)	\$ 93.00
511	Necropsy Service 60 lbs +	\$ 350.00	581	Urinalysis (complete)	\$ 43.00
538	Parathormone/Calcium (Michigan)	\$ 110.00	582	Urinalysis (Ketodistix)	\$ 10.00
541	Parvovirus Antigen	\$ 101.00	583	Urinalysis (multi stix)	\$ 20.00
529	PCR Flea /Tick Borne Assay - Feline	\$ 180.00	576	Urinalysis-specific gravity	\$ 21.00
390	PCR Bartonella T1315	\$ 174.00	586	Urine Specific Gravity	\$ 21.00
528	PCR Flea/Tick Borne Assay - Canine	\$ 180.00	447	Von Willebrand's Titer	\$ 164.00
516	PCR for FIP Antech T900	\$ 185.00	453	Wisdom Panel	\$ 180.00
459	PCR GI Profile - Canine	\$ 195.00	550	Zinc Test	\$ 154.00
451	PCR GI Profile - Feline	\$ 170.00	458	Zonisamide Level- Antech	\$ 191.00
549	PCR Hemoplasma Panel Feline	\$ 101.00	Category Name: MEDICATIONS DISPENSED-OTC		
441	PCV (hematocrit)	\$ 23.00	2253	<Open>D	\$ 0.00
442	PCV Serial	\$ 16.00	3499	ABS Antibarking Collar	\$ 180.00
572	Phenobarbital level	\$ 94.00	2452	Acepromazine Tabs 10mg	\$ 15.00
416	Phosphorus	\$ 43.00			
444	Platelet Count	\$ 38.00			
515	PLI -canine (Isexx) (last 1849)	\$ 70.00			

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PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
2453	Acetpromazine Tabs 25mg	\$ 15.00	2811	Bur-Otic HC	\$ 10.00
2858	Adams Flea Dip 4oz	\$ 13.00	2505	Butorphanol CR1	\$ 23.00
2862	Adams Flea Off Dust II 3oz	\$ 9.00	3338	C.E.T. Cat Oral Hygiene Kit	\$ 10.00
2866	Adams Flea Off Mist 16oz	\$ 14.00	3337	C.E.T. Chews Canine large 30cl	\$ 19.00
2357	Adequan	\$ 118.00	3334	C.E.T. Chews Canine Medium	\$ 15.00
2200	Aerokat	\$ 80.00	3340	C.E.T. Chews CATS 30cl	\$ 18.00
2202	Alben Liquid/oz	\$ 15.00	3339	C.E.T. Chews Petite 24ea	\$ 9.00
2203	Alben Tabs 125mg	\$ 15.00	3341	C.E.T. Chews XLG 30 cl	\$ 30.00
2201	Alben tabs 250mg	\$ 15.00	3336	C.E.T. fingerbrush	\$ 5.00
2214	Allerderm Spot On	\$ 39.00	3506	C.E.T. Oral Rinse	\$ 16.00
3593	Allerseb-T shampoo 8 oz.	\$ 12.00	3333	C.E.T. Toothbrush	\$ 5.00
2206	Aluminum Hydroxide Powder 20dram	\$ 15.00	3335	C.E.T. Toothpaste	\$ 11.00
2351	Aminophylline Tabs 100mg	\$ 15.00	3331	C.E.T. Dental Care Kit	\$ 14.00
2207	Ammonil 500mg 1000ct	\$ 90.00	4988	Canine Purina Gentle Snackers	\$ 7.00
2204	Amoxi-Drops 50mg/ml 15ml	\$ 15.00	3260	Capstar 2-25 Package	\$ 42.00
2205	Amoxi-Drops 50mg/ml 30ml	\$ 18.00	3248	Capstar 2-25 single dose	\$ 7.00
2208	Amoxicillin Tabs 100mg	\$ 15.00	3251	Capstar over 25# package	\$ 43.00
2209	Amoxicillin Tabs 150mg	\$ 15.00	3249	Capstar over 25# single dose	\$ 8.00
2210	Amoxicillin Tabs 200mg	\$ 15.00	3471	Capsule-empty gelatin	\$ 2.00
2211	Amoxicillin Tabs 400mg	\$ 15.00	2352	Cardoxin .15mg/ml (red)	\$ 18.00
2212	Ampicillin Caps 250mg	\$ 50.00	2353	Cardoxin L/S .05mg/ml (gm)	\$ 18.00
2213	Ampicillin Caps 500mg	\$ 60.00	2224	Cefa Tabs 50mg	\$ 15.00
2754	Ampicillin w/Sulbactam 1.5g w/prep +in	\$ 30.00	2225	Cefa Tabs 100mg	\$ 15.00
2598	Animax/EnleDerm Ointment	\$ 14.00	2228	Cefa Tabs 200mg	\$ 15.00
3466	Anipryl 10mg/30 tablets	\$ 105.00	2241	Cefadrops 50 ml	\$ 62.00
3465	Anipryl 15 mg / 30 tabs	\$ 113.00	2753	Cefoxitin Bottle	\$ 30.00
3469	Anipryl 2mg/30 Tablets	\$ 98.00	3115	Centrine Tabs 0.2mg	\$ 10.00
3468	Anipryl 30 mg/30ct	\$ 115.00	2277	Cephalexin CAPSULES 250mg	\$ 15.00
3467	Anipryl 5mg/30 tabs	\$ 100.00	2276	Cephalexin 500mg	\$ 15.00
2221	Antirobe 150mg	\$ 15.00	2274	Cephalexin oral suspension 250/5ml btl.	\$ 32.00
2220	Antirobe Caps 75mg	\$ 15.00	2245	Cerenia 160 mg 4 tablet/pk	\$ 38.00
2517	Apoquel 18 mg	\$ 15.00	2247	Cerenia 16mg 4 tablet pkg	\$ 15.00
2515	Apoquel 3.6mg	\$ 15.00	2243	Cerenia 24 mg 4 tablet/pk	\$ 15.00
2516	Apoquel 5.4 mg	\$ 15.00	2244	Cerenia 60 mg 4 tablet/pk	\$ 26.00
2405	Arquel tablets 20 mg	\$ 7.00	2228	Cerumite	\$ 12.00
3105	ArthritisMax for Cats 6 oz.	\$ 39.00	2807	Chloramphen Oph 1% 3.5mg	\$ 13.00
2802	Artificial Tears ointment	\$ 15.00	2808	Chloramphen Oph Soln 0.5%	\$ 15.00
2801	Artificial Tears Oph Soln	\$ 15.00	3594	Chloramphenicol Oph. Ointment	\$ 8.00
2509	Atopica 100mg	\$ 108.00	2230	Chloramphenicol Palmitate 100mg/ml per oz	\$ 18.00
2506	Atopica 10mg	\$ 37.00	2231	Chloramphenicol Tabs 50mg	\$ 15.00
2507	Atopica 25mg	\$ 41.00	2235	Chloramphenicol Tabs 1 gm	\$ 15.00
2508	Atopica 50mg	\$ 64.00	2232	Chloramphenicol Tabs 100mg	\$ 15.00
2512	Atopica for Cats 5 ml vial	\$ 45.00	2233	Chloramphenicol Tabs 250mg	\$ 15.00
2805	Atropine Oph Ointment 1%	\$ 32.00	2234	Chloramphenicol Tabs 500mg	\$ 12.00
3418	Autologous Serum	\$ 70.00	2591	Chlorhexidorm Otic Soln 4oz	\$ 12.00
3404	B-12 Injectable 10ml w/syringes	\$ 20.00	3344	Chlorhexidine Shampoo 4%	\$ 15.00
3403	B-12 Injectable 100ml bottle	\$ 15.00	2461	Chlorpheniramine Tabs 4mg	\$ 15.00
3330	Bactoderm	\$ 18.00	3507	Ciprofloxacin Ophthalmic Drops	\$ 29.00
2291	Baytril 22.7mg	\$ 15.00	3791	Cisapride 5mg	\$ 15.00
2292	Baytril 68 mg	\$ 15.00	2240	Clavamox Drops	\$ 28.00
3101	Baytril Injectable	\$ 35.00	2236	Clavamox Tabs 62.5mg	\$ 15.00
3103	Baytril Otic	\$ 23.00	2237	Clavamox Tabs 125mg	\$ 15.00
2406	Bene-Bac	\$ 13.00	2238	Clavamox Tabs 250mg	\$ 15.00
3572	Benzoyl Peroxide 3% (BPO- 3)Shampoo 16oz	\$ 15.00	2239	Clavamox Tabs 375mg	\$ 14.00
3560	Betadine solution	\$ 9.00	2578	Clinicare Liquid case 12	\$ 55.00
2555	Bitter Apple 8 oz.	\$ 10.00	2222	Clindamycin 150mg	\$ 15.00
3343	BPO-3 Medicated Shampoo	\$ 13.00	2229	Clindamycin 75mg	\$ 12.00
2707	Buprenax syringe	\$ 4.50	2223	Clindamycin Drops	\$ 12.00
2810	Bur-Otic	\$ 9.00	2219	Clindamycin Tablet 25mg	\$ 15.00
			2579	Clinicare Liquid Can	\$ 8.00
			3577	Clinicare powder	\$ 8.00
			2867	Clomicalm 20 mg bottle 30 ct	\$ 60.00

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Page 5

Time: 12:06:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)			2902	DuraKyl Dip 4oz	\$ 12.00
2868	Clonicalm 5mg bottle 30 ct	\$ 44.00	2821	EasOtic 10 Ml	\$ 36.00
2869	Clonicalm 80mg bottle 30ct	\$ 76.00	3701	EctoKyl 3X Shampoo	\$ 13.00
3495	Cortisocthe/Hydrocortisone 1% Shampoo	\$ 26.00	2296	Enalapril 10mg	\$ 15.00
3100	Cosequin DS#132	\$ 72.00	2294	Enalapril 2.5 mg	\$ 15.00
3104	Cosequin for Cats	\$ 27.00	2299	Enalapril 20mg	\$ 15.00
3102	Cosequin- small animals	\$ 58.00	2295	Enalapril 5 mg	\$ 15.00
3730	CranMate 60 quantity	\$ 30.00	2503	Enisyl-F 100ml Pump	\$ 33.00
3317	Cyclosporin oil 2%	\$ 44.00	2290	Enrofloxacin 5	\$ 15.00
2558	Cyproheptadine 4mg.	\$ 15.00	3559	Epi-Soothe	\$ 10.00
2568	Cyproheptadine Syrup/ounce	\$ 12.00	3585	Erythromycin Ophthalmic Oint.	\$ 38.00
3106	Dasuquin for Cats 84ct	\$ 32.00	3505	EtoGesic 150mg	\$ 15.00
3108	Dasuquin L.G. Dog 150 ct.	\$ 94.00	3498	EtoGesic 300 mg	\$ 15.00
3107	Dasuquin Sm-Med Dog 150ct	\$ 82.00	3792	Etomidate vial	\$ 39.00
2293	Delete in January	\$ 125.00	2751	Eyewash	\$ 8.00
3510	Denamarin 225mg	\$ 52.00	3788	FaVor Feline Vitamin 60ct	\$ 18.00
3511	Denamarin 425mg	\$ 89.00	3798	Fellmazole 2.5mg	\$ 12.00
3509	Denamarin 90mg	\$ 35.00	3794	Fellmazole 2.5mg 100ct Bottle	\$ 25.00
3512	Denosyl 425mg 30ct	\$ 60.00	3793	Fellmazole 5 mg 100ct Bottle	\$ 30.00
3503	Denosyl SD4 225mg	\$ 46.00	3795	Fellmazole 6mg	\$ 15.00
3504	Denosyl SD4 90mg	\$ 34.00	3032	Fellina d/d 8.5#	\$ 49.00
3658	Deramaxx 100	\$ 15.00	3033	Fellina W/D 5.6 oz. 24 cans/case	\$ 37.00
3659	Deramaxx 25mg	\$ 15.00	3502	Fellway	\$ 35.00
3661	Deramaxx 75mg	\$ 15.00	3790	Felovite	\$ 7.00
3756	Derm caps	\$ 18.00	2455	Filaribits 120 mg 100 tablets	\$ 15.00
3757	Derm Caps ES #60	\$ 20.00	2456	Filaribits 180 mg	\$ 19.00
3470	DermaBenSs shampoo 12oz	\$ 19.00	2454	Filaribits 60 mg	\$ 15.00
3564	DermaLlye Spray 12oz	\$ 13.00	3588	Forbid	\$ 6.00
3565	DermaLlye Shampoo 12 oz.	\$ 14.00	3731	FortiFlora	\$ 35.00
3473	DermaZole Shampoo 8 fl oz.	\$ 28.00	2410	Frontline Plus Cats	\$ 51.00
3738	Dermoscent Spot-on 4 pipettes Cat	\$ 28.00	2408	Frontline Plus dog 23 to 44 #	\$ 54.00
3735	Dermoscent Spot-on 4 pipettes 0-22 # Dog	\$ 26.00	2414	Frontline Plus dogs 45- 88 #	\$ 55.00
3736	Dermoscent Spot-on 4 pipettes 22-45# Dog	\$ 30.00	2415	Frontline Plus dogs 89-132 #	\$ 56.00
3737	Dermoscent Spot-on 4 pipettes 45-90# Dog	\$ 32.00	2413	Frontline Plus dogs up to 22#	\$ 53.00
2606	Dexamethasone ophthalmic drops	\$ 24.00	2494	Genesis Spray	\$ 31.00
3583	Dexamethasone tabs 0.5mg	\$ 15.00	4524	Gentamicin Inj Syringe < 1ml	\$ 8.00
3660	Dexamethasone Injectable 100ml	\$ 15.00	2488	Gentle Leader Kit	\$ 35.00
2587	Dibenzylamine 5mg capsules	\$ 15.00	2813	Gentocin (only) Ophl Soln	\$ 14.00
2583	Dibenzylamine 2.5mg	\$ 15.00	2814	Gentocin DuraFilm Ophl Soln	\$ 9.00
2825	Diclofenac Solution 2.5ml	\$ 21.00	2815	Gentocin Ophl Ointment	\$ 14.00
3304	Diethylstilbesterol Tabs 1mg	\$ 15.00	2819	Gentocin Otic 15 ml	\$ 15.00
2597	Digoxin tablets	\$ 15.00	2817	Gentocin Otic and DMSO	\$ 18.00
2585	Difluzem Transdermal/syringe	\$ 7.00	2816	Gentocin Otic Soln 7.5ml	\$ 14.00
2497	DMSO	\$ 15.00	2490	Glucotest Purina Feline 1pkg	\$ 9.00
2901	Domeboros solution	\$ 4.00	2499	Glycoflex 260 tablets	\$ 20.00
3570	Douxo Shampoo 6.8 oz	\$ 23.00	3571	Glycoflex 600 tablets	\$ 35.00
2702	Doxepin 10mg	\$ 15.00	2576	Goodwinol Ointment 1oz	\$ 15.00
2703	Doxepin 25mg	\$ 15.00	3223	Heartgard 1-25#	\$ 38.00
2704	Doxepin 50 mg	\$ 15.00	3224	Heartgard 28-50#	\$ 47.00
2705	Doxepin 75mg	\$ 15.00	3225	Heartgard 51-100#	\$ 58.00
2708	Doxitrobe application	\$ 105.00	2355	Hydrocodone Syrup 1oz	\$ 19.00
3699	DOXYCYCLINE 50 mg	\$ 15.00	2362	Hydroxyurea 500mg Capsules	\$ 15.00
3459	Drontal Plus Large > 45#	\$ 29.30	2559	Hydroxyzine 10 mg.	\$ 15.00
3458	Drontal Plus Medium 26-60#	\$ 16.40	2575	Hydroxyzine 100mg	\$ 15.00
3457	Drontal Plus Small 2-25#	\$ 15.00	2560	Hydroxyzine 25 mg.	\$ 15.00
3801	Duragesic pain medication 25ug	\$ 41.00	2561	Hydroxyzine 50 mg.	\$ 15.00
3802	Duragesic pain medication 50ug	\$ 60.00	2361	Hypimmune serum	\$ 150.00
3804	Duragesic pain medication 75ug	\$ 70.00	3597	Idoxuridine ophthalmic sol.	\$ 32.00
			3596	Idoxuridine Ophthalmic Oint.	\$ 40.00
			3305	Incurin 1mg/tablet 30 qty	\$ 24.00
			2752	Injection-Doxycycline 100 mg vial	\$ 14.00
			3803	Ivermectin 60ml	\$ 50.00
			3021	Knockout premise spray	\$ 12.00
			2581	Lactulosa syrup - /4 ounces	\$ 15.00

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Page 6

Time: 12:06:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
2584	Lactulose syrup-bottle	\$ 18.00	2511	Onsior 6mg packet/3 tablets	\$ 15.00
2364	Lasix 40mg	\$ 15.00	3472	Oplichamber and mask	\$ 85.00
2365	Lasix 20mg	\$ 15.00	3316	Optimmune	\$ 48.00
2359	Lasix Tabs 12.5mg	\$ 15.00	3417	Optixcare	\$ 16.00
2360	Lasix Tabs 50mg	\$ 15.00	2500	Oral Cleansing Gel	\$ 15.00
3122	Laxalone 2.5oz	\$ 9.00	2297	Orbax 22.7	\$ 15.00
2580	Liquichlor Ointment 10ml	\$ 10.00	2298	Orbax 68mg	\$ 15.00
2562	Lornetill	\$ 15.00	2593	Oti-cleans 4oz	\$ 18.00
2569	Loperamide 2mg	\$ 9.00	2818	Otomax	\$ 18.00
3586	Lyme plus dip 16oz	\$ 22.00	3573	Oxydex HP Shampoo 6oz	\$ 10.00
2268	Lysodren	\$ 15.00	3574	Oxydex Shampoo 6oz	\$ 9.00
3342	MAA-Ket Shampoo 8 fl oz.	\$ 17.00	2492	Oxyglobin 125 ml	\$ 210.00
2592	MalAcetic Otic 8 fl oz.	\$ 21.00	3732	Palladia 10mg/ 30 ct	\$ 115.00
2600	Malakel Wipes 50ct	\$ 15.00	3733	Palladia 15mg/ 30 ct	\$ 184.00
2599	Malaseb Pledgets 60 ct	\$ 18.00	3734	Palladia 50 mg/ 30 ct	\$ 500.00
3585	Malaseb Shampoo	\$ 17.00	2598	Pan Otic 2oz	\$ 13.00
3001	MCT Oil	\$ 138.00	3460	Panacur 10 pound packet (3 per pack)	\$ 15.00
2563	Mecizine 25 mg.	\$ 15.00	3461	Panacur 20 pounds	\$ 15.00
3899	Medication	\$ 0.00	3463	Panacur 40 pound packet (3 per packet)	\$ 18.00
3655	Medrol 4 mg	\$ 5.50	3464	Panacur liquid/ ounce	\$ 12.00
3131	Mephyton Tablets	\$ 9.00	2602	Panallog Ointment 30 ml	\$ 24.00
3405	Meropenem 500mg/vial	\$ 20.00	3134	Pancrazyme 12 oz	\$ 175.00
2502	Metacam	\$ 24.00	3133	Pancrazyme Powder 8oz	\$ 125.00
3782	Methimazole 5mg Tablets	\$ 15.00	3500	Pannmycin Aquadrops	\$ 16.00
3779	Methimazole transdermal/syring	\$ 5.00	2601	Panolog Ointment 15ml	\$ 14.00
2809	Meloclopramide	\$ 15.00	3584	Pearlyt Shampoo 12 oz	\$ 10.00
2284	Metronidazole 250mg	\$ 15.00	2701	Pellitol	\$ 12.00
2265	Metronidazole 500mg	\$ 15.00	2700	Percortin-V and syringes	\$ 220.00
2268	Metronidazole 52.1 mg tablet	\$ 15.00	3778	Pel Cal 60 Tablets	\$ 17.00
2262	Metronidazole Suspension 50mg/ml per oz.	\$ 15.00	3785	Pel-Cal 180 Tablets	\$ 45.00
3580	Miconazole and Syntoc Suspension	\$ 40.00	3784	Pel-tabs #60	\$ 14.00
2953	Miconazole Shampoo	\$ 44.00	3789	Pel-tabs Plus 60ct	\$ 17.00
3137	Miconazole Lotion	\$ 16.00	3138	Pel-Tinic	\$ 16.00
3700	MINOCYCLINE Capsules 100 mg	\$ 15.00	2483	Phenobarbital 1gr	\$ 19.00
2358	Mirtazapine 15mg	\$ 15.00	2481	Phenobarbital Tabs 1/4gr	\$ 19.00
2363	Mirtazapine 7.5mg	\$ 15.00	2482	Phenobarbital Tabs 1/2gr	\$ 19.00
2513	Mirtazapine 7.5mg/ml 5ML	\$ 18.00	2484	Phenylbutazone Tabs 100mg	\$ 5.00
2750	Mitaban dip bottle	\$ 42.00	3787	pHydrol papers - roll	\$ 13.00
2582	Mitox Liquid 12ml	\$ 8.00	4553	Pill Pocket Canine Small	\$ 8.00
2820	Mometamax	\$ 34.00	4554	Pill Pocket Feline	\$ 8.00
2504	Morphine CR/Day	\$ 23.00	4555	Pill Pocket- Canine Large	\$ 10.00
2803	Mupirocin Oint. 2% 22g	\$ 20.00	2485	Potassium Bromide 10oz.	\$ 40.00
3576	Mycodex Pearlescent	\$ 9.00	2496	Potassium Bromide 250mg / 60 tablets	\$ 24.00
3581	Mycodex with Alethrin	\$ 9.00	3567	Potassium Gluconate Tablets	\$ 15.00
2824	Neo-Calglucon syrup	\$ 5.00	3558	Pramoderm Shampoo 8 oz.	\$ 12.00
2607	Neo-poly Gramicidin Drops 10ml	\$ 25.00	2709	Prazosin 1mg capsule	\$ 15.00
2604	Neo-Poly-Dex drops	\$ 21.00	3668	Prednisolone 5MG/ml LIQUID per oz.	\$ 15.00
2605	Neo-Poly-Dex Oint Dexasporin	\$ 24.00	2870	Prednisolone Acetate Drops	\$ 24.00
2417	Nex Gard 10.1 - 24# 3 month	\$ 62.00	3662	PREDNISOLONE Tabs 5mg	\$ 15.00
2418	Nex Gard 24.1-60 # 3 month	\$ 63.00	3653	Prednisone Tabs 5mg	\$ 15.00
2419	Nex Gard 60.1 - 121 # 3 month	\$ 64.00	3664	Prednisone Tabs 20mg	\$ 15.00
2586	Nolvadent 4oz.	\$ 33.00	2976	Prevenic Dog Tick collar	\$ 35.00
3569	Nolvasan Shampoo 8 ounces	\$ 27.00	3667	Previcox 227mg	\$ 15.00
3777	Nolvasan Soln 4oz.	\$ 12.00	3666	Previcox 57mg	\$ 15.00
2469	NoSorb	\$ 4.00	2287	Prinor 120	\$ 15.00
3766	NutriVed	\$ 8.00	2282	Prinor 1200	\$ 15.00
3494	Ofloxacin Ophthalmic Drops	\$ 15.00	2280	Prinor 240	\$ 15.00
3770	Omega Tri-V Caps Large 60ct	\$ 17.00	2281	Prinor 600	\$ 15.00
3764	Omega Tri-V Caps Medium 60ct	\$ 12.00	2572	Procril	\$ 90.00
3762	Omega Tri-V Liquid Boz.	\$ 20.00	3232	Proheart 20.1 -20#	\$ 42.00
			3235	Proheart 50.1-60#	\$ 54.00
			3603	Proin 75mg	\$ 15.00
			3604	Proin/Uriflex 25mg	\$ 15.00

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Page 7

Time: 12:05:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: MEDICATIONS DISPENSED-OTC (Cont.)					
3606	Proin/Uniflex 50mg	\$ 15.00	3451	Tobramycin 5ml	\$ 24.00
3501	Prozac	\$ 125.00	2573	Torbutol 5mg	\$ 15.00
2806	Psittacosis serum liter	\$ 36.00	3653	Tramadol 60mg	\$ 19.00
2594	Pyoben Gel 1oz	\$ 14.00	2616	Tresadarn Solution 15ml	\$ 29.00
3515	Reconcile 8 mg 30 tablets	\$ 46.00	2283	Tribrissen Oral Susp. 48mg/ml	\$ 12.00
3557	Relief Shampoo 8oz.	\$ 15.00	2265	Tribrissen Tabs 120mg	\$ 12.00
3601	Renacare Gel/ Renal K	\$ 16.00	2284	Tribrissen Tabs 30mg	\$ 12.00
91	Reporting Fee	\$ 4.00	2401	Trifexis 10.1-20#	\$ 115.00
3497	Resicort Conditioner	\$ 30.00	2402	Trifexis 20.1-40#	\$ 120.00
3252	Revolution Cats 5-15# 3pack	\$ 59.00	2403	Trifexis 40.1-60 #	\$ 122.00
3243	Revolution Cats 5-15# 6pack	\$ 106.00	2400	Trifexis 5-10#	\$ 112.00
3253	Revolution dog 05-10# 3pack	\$ 59.00	2404	Trifexis 60.1-120 #	\$ 125.00
3244	Revolution dog 05-10# 6pack	\$ 103.00	2288	Trimethoprim Sulfamethoxazole Tabs 120mg	\$ 15.00
3254	Revolution dog 11-20# 3pack	\$ 60.00	2289	Trimethoprim Sulfamethoxazole Tabs 480mg	\$ 15.00
3245	Revolution dog 11-20# 6pack	\$ 103.00	3345	TrizChlor 4 Spray 8oz	\$ 16.00
3255	Revolution dog 21-40# 3pack	\$ 59.00	2595	TrizEDTA 4fl oz.	\$ 14.00
3246	Revolution dog 21-40# 6pack	\$ 105.00	2354	Tussalgon Tablets 5 mg	\$ 19.00
3256	Revolution dog 41-85# 3pack	\$ 53.00	2557	Tylan	\$ 105.00
3247	Revolution dog 41-85# 6pack	\$ 110.00	2564	Tylan .25 bottle	\$ 27.00
3257	Revolution dog 85-130# 3pack	\$ 80.00	3018	V-Kem dip	\$ 12.00
3242	Revolution pup/kit <5# 3pack	\$ 53.00	3020	V-Kem Siphon + Fogger 12oz	\$ 16.00
3657	Rimadyl 100mg	\$ 15.00	3800	V.A.L. syrup bottle	\$ 42.00
3652	Rimadyl 100mg 180ct	\$ 265.00	2491	Valium Tabs	\$ 9.00
3655	Rimadyl 25mg	\$ 16.00	2260	Veraflex 25mg/ml 15ml	\$ 35.00
3656	Rimadyl 75mg	\$ 15.00	3240	Vetmedin 1.25mg	\$ 15.00
3579	Sebalyt Shampoo 8oz	\$ 12.00	3241	Vetmedin 2.5mg	\$ 15.00
2974	Sectrol Two-Way flea foam	\$ 14.00	3270	Vetmedin 5mg tablet	\$ 15.00
2975	Sectrol Two-Way Pet Spry 15oz	\$ 13.00	3769	Vetoryl 10mg 30 capsules	\$ 66.00
3237	Sentinel 11 to 25#	\$ 50.00	3768	Vetoryl 30mg 30 capsules	\$ 82.00
3267	Sentinel 11-25# single dose	\$ 9.00	3771	Vetoryl 60 mg 30 caps	\$ 104.00
3236	Sentinel 2 to 10#	\$ 48.00	2828	Vetropolylin Ophth Ointment 3.5g	\$ 18.00
3238	Sentinel 26 to 50#	\$ 58.00	3135	Viokase Tabs 425mg	\$ 0.00
3239	Sentinel 51 to 100#	\$ 58.00	3030	VIP CAT DIP	\$ 13.00
2800	Simplicef 100mg	\$ 15.00	3398	Vitamin K Tablet 5mg	\$ 15.00
2799	Simplicef 200	\$ 15.00	3399	Vitamin K Tablets 25 mg	\$ 15.00
2242	Sientrol 20ml	\$ 55.00	2302	Zeniquin 100 mg	\$ 15.00
2246	Sientrol 50ml	\$ 109.00	2303	Zeniquin 200 mg	\$ 15.70
3410	Staph Lysate Inj	\$ 118.00	2300	Zeniquin 25 mg	\$ 15.00
2493	Succalfate tablets	\$ 15.00	2301	Zeniquin 50 mg	\$ 15.00
2356	Sulfasalazine	\$ 9.00	2487	Zonisamide 100mg	\$ 15.00
3575	Sulfoxydex 8 ounces	\$ 14.00	2456	Zonisamide 25mg	\$ 15.00
3778	Supplicol 5.0oz	\$ 7.00	Category Name: OFFICE VISITS		
2822	Surotan 15ml	\$ 31.00	99	*write In	\$ 0.00
2510	Suspension, Chicken Flavored 1oz	\$ 7.00	8	After Hours Exam	\$ 92.00
3414	Synotic (10ml) with Baytril 10(ml)	\$ 62.00	15	Anal Glands-express w/o exam	\$ 42.00
3411	Synotic 8 ml	\$ 22.00	16	Anal sac-express-nurse	\$ 30.00
3412	Synotic with Banamine	\$ 24.00	10	Annual Physical Examination	\$ 65.00
2498	Syringe filled with medication	\$ 8.00	11	Behavior consult and exam	\$ 75.00
2590	T8 Keto Flush	\$ 13.00	9	Boarding Examination	\$ 32.00
3130	Tagamet 300mg	\$ 1.30	5	Cantine Adult Care Plan	\$ 199.00
3129	Tagamet Tabs 200mg	\$ 1.20	12	Diabetic training	\$ 52.00
3578	Terramycin oph. ointment	\$ 23.00	7	Feline Adult Care Program	\$ 151.00
2278	Tetracycline Caps 250mg	\$ 15.00	2	Medical Progress Check	\$ 50.00
2279	Tetracycline Caps 500mg	\$ 16.00	50	Nassau County Rabies Vaccine 1	\$ 15.00
3400	Theophylline CR 200mg	\$ 15.00	51	Nassau County Rabies Vaccine 2	\$ 15.00
3401	Theophylline CR 300mg	\$ 15.00	20	Nebulization-daily	\$ 48.00
3402	Theophylline extend 100mg	\$ 15.00	6	Office visit-courtesy	\$ 0.00
3323	Thyroid Tabs 0.2mg/100	\$ 15.00	1	Physical examination	\$ 65.00
3324	Thyroid Tabs 0.3mg/100	\$ 15.00	4	Shelter examination	\$ 0.00
3322	Thyroid Tabs 0.6mg/100	\$ 15.00	3	with Physical examination	\$ 0.00
2501	Timentin antibiotic-bottle	\$ 32.00			

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Page 8

Time: 12:06:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: OPERATING ROOM AND SUPPLIES			3987	Canine Purina HA dry 32#	\$ 103.00
1599	*Write In6	\$ 0.00	3984	Canine Purina HA dry 6#	\$ 24.00
1200	Tru-cut biopsy needle	\$ 90.00	3937	Canine Purina NF Case 12 13.3 oz.cans	\$ 28.00
Category Name: PET ACCESSORIES			4998	Canine Purina OM 18#	\$ 43.00
4299	*Write In12	\$ 0.00	4995	Canine Purina OM case	\$ 28.00
4103	<Open>1	\$ 0.00	3917	Canine r/d 12 can case	\$ 28.00
87	Alpha Track 2 Glucose Meter	\$ 125.00	3919	Canine r/d dry 17.6#	\$ 45.00
89	AlphaTrack 2 Lancets 100/bx	\$ 22.00	3920	Canine r/d dry 27.5#	\$ 86.00
88	AlphaTrack 2 Test Strips 50/bx	\$ 60.00	3918	Canine r/d dry 8.5#	\$ 25.00
4184	Canine Elim-in-odor	\$ 24.00	3921	Canine s/d 12 can case	\$ 34.00
4183	Feline Elim-in-odor	\$ 8.00	3964	Canine u/d dry 25#	\$ 69.00
4182	Flea comb	\$ 12.00	3982	Canine u/d dry 5#	\$ 19.00
4186	Muzzle - extra large	\$ 13.00	3985	Canine Treats 1 lb pouch	\$ 5.00
4185	Muzzle - small, medium, large	\$ 12.00	3922	Canine u/d 12 can case	\$ 30.00
4181	Nail Scissors - Whites	\$ 15.00	3981	Canine u/d dry 27.5#	\$ 80.00
4179	Pet Carrier	\$ 8.00	3923	Canine u/d dry 8.5#	\$ 29.00
4180	Resco nail trimmer	\$ 12.00	3924	Canine w/d 12 pk	\$ 28.00
4187	Soft Paws Nail caps kit	\$ 14.00	3928	Canine w/d dry 17.6#	\$ 46.00
3582	SulfOxyDex Shampoo 12oz.	\$ 18.00	3935	Canine w/d dry 27.5#	\$ 68.00
Category Name: PRESCRIPTION DIETS-MISC. FOODS			3925	Canine w/d dry 8.5#	\$ 25.00
3900	<PRESC. DIETS, 3900-4099>	\$ 0.00	3918	Canine Z/D 12 can case	\$ 46.00
3948	Canine c/d 12 can case	\$ 32.00	3932	Canine Z/D individual can	\$ 4.00
3950	Canine c/d dry 17.6#	\$ 48.00	3993	Canine z/d low allergen 25#	\$ 88.00
3951	Canine c/d dry 35#	\$ 84.00	3989	Canine z/d low allergen 8#	\$ 36.00
3949	Canine c/d dry 8.5#	\$ 29.00	3992	Canine z/d ultra 17.5#	\$ 70.00
3901	Canine d/d can case 12pk	\$ 38.00	3988	Canine z/d ultra 8#	\$ 36.00
3903	Canine d/d dry 17.6#	\$ 70.00	3928	Canine Z/D Ultra allergen-free 25#	\$ 88.00
3902	Canine d/d dry 8#	\$ 36.00	3957	Canine/feline a/d canned ea	\$ 2.00
3977	Canine g/d 12 can case	\$ 30.00	3956	Canine/feline a/d case 24 cans	\$ 63.00
3905	Canine g/d dry #8.5	\$ 29.00	4135	Euk Canine Mobility Plus #5	\$ 15.00
3908	Canine h/d can	\$ 30.00	4115	Euk Canine Optimum/Weight Control 15#	\$ 38.00
3908	Canine h/d dry 17.6#	\$ 57.00	4142	Euk Feline 14# Low Residue Intestinal +	\$ 61.00
3939	Canine I/D 35#	\$ 91.00	4044	Euk Feline Optimum Weight Control 5#	\$ 26.00
3909	Canine u/d case 12pk	\$ 30.00	4046	Euk K-9 Optimum Weight Control 30#	\$ 73.00
3911	Canine u/d dry 17.6#	\$ 55.00	4047	Euk K-9 Optimum Weight Control 5.5#	\$ 15.00
3910	Canine u/d dry 8.5#	\$ 34.00	4043	Euk Kidney-Renal Plus 15.5#	\$ 45.00
4140	Canine u/d Lowfat GI Restore case	\$ 32.00	4042	Euk Renal Plus 5.5#	\$ 19.00
4111	Canine J/D 8.5#	\$ 29.00	4036	Eukanuba 14 oz individual cans	\$ 3.00
3987	Canine J/D case	\$ 30.00	4021	Eukanuba FEL 6oz individ cans	\$ 2.00
3907	Canine J/D dry 27.5#	\$ 79.00	4038	Eukanuba FEL Renal Plus 5.5#	\$ 29.00
3912	Canine k/d 12 can case	\$ 30.00	4054	Eukanuba FEL Renal Plus cs 12	\$ 24.00
3914	Canine k/d dry 17.6#	\$ 53.00	4056	Eukanuba FEL Skin & Coat Plus LB cs12	\$ 29.00
3915	Canine k/d dry 35#	\$ 90.00	4053	Eukanuba FELINE Urinary-s+ cs12	\$ 21.00
3913	Canine k/d dry 8.5#	\$ 32.00	4032	Eukanuba FELINE Intestinal + 5.5#	\$ 28.00
3904	Canine L/D 12 Can Case	\$ 34.00	4050	Eukanuba FELINE Intestinal +case12	\$ 24.00
4079	Canine u/d dry 17.6#	\$ 64.00	4028	Eukanuba FELINE low pH/s ea can	\$ 2.00
3671	Canine Metabolic # 17.6	\$ 54.00	4029	Eukanuba FELINE mod pH/O 5.5#	\$ 25.00
3673	Canine Metabolic 27.5#	\$ 75.00	4055	Eukanuba FELINE mod pH/O cs 12	\$ 23.00
3670	Canine Metabolic 6 #	\$ 22.00	4031	Eukanuba FELINE mod pH/O ea can	\$ 2.00
3672	Canine Metabolic case 12can	\$ 35.00	4059	Eukanuba FELINE restr cal 18#	\$ 63.00
3999	Canine n/d 12 can case	\$ 40.00	4025	Eukanuba FELINE restr cal 4.5#	\$ 20.00
3952	Canine Prescription Individual Can	\$ 3.00	4062	Eukanuba FELINE restr cal cs12	\$ 22.00
3938	Canine Purina NF dry 18#	\$ 51.00	4052	Eukanuba FELINE urinary-s + low pH/s 20#	\$ 63.00
3966	Canine Purina DCO 32# dry	\$ 79.00	4026	Eukanuba FELINE urinary-s + pH/s 5.5#	\$ 25.00
3965	Canine Purina EN canned case	\$ 28.00	4018	Eukanuba Intestinal + 30#	\$ 75.00
3995	Canine Purina En formula 6# dry	\$ 21.00	4051	Eukanuba Intestinal + case -12	\$ 30.00
3986	Canine Purina HA dry 13.5#	\$ 62.00	4009	Eukanuba Intestinal +15#	\$ 46.00
			4008	Eukanuba Intestinal +5#	\$ 18.00

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Page 9

Time: 12:08:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PRESCRIPTION DIETS-MISC. FOODS (Cont.)					
4034	Eukanuba Intestinal +Puppy 8#	\$ 27.00	4035	Feline Tiki Cat Individual can	\$ 1.75
4057	Eukanuba Maximum Calorie Case 12	\$ 27.00	4011	Feline w/d can 5.5 oz 24/case	\$ 36.00
4007	Eukanuba resp & max cal. form ind. cans	\$ 3.00	3959	Feline w/d dry 17.6 #	\$ 57.00
4005	Eukanuba response FP 15#	\$ 53.00	3947	Feline w/d dry 4#	\$ 17.00
4019	Eukanuba response FP 30#	\$ 92.00	3946	Feline w/d dry 8.5#	\$ 32.00
4004	Eukanuba response FP 6#	\$ 23.00	4121	Feline Y/D 4#	\$ 25.00
4058	Eukanuba response FP case 12	\$ 36.00	4141	Feline Y/D 8.5#	\$ 48.00
4005	Eukanuba Response KO 16#	\$ 53.00	4122	Feline Y/D case	\$ 52.00
4067	Eukanuba response KO 30#	\$ 93.00	3994	Feline z/d 4#	\$ 27.00
4037	Eukanuba response KO 6#	\$ 23.00	3938	Feline z/d case 5.5oz. 24/case	\$ 57.00
4017	Eukanuba rest-cal Rewards 24oz	\$ 7.00	4013	Feline z/d dry 8.5#	\$ 54.00
4063	Eukanuba restricted cal case 12	\$ 34.00	4016	Hills Feline Prescription diet cans 5.5oz	\$ 2.00
4002	Eukanuba restricted cal. 14#	\$ 36.00	4153	IVD Canine Anallergenic 8.8#	\$ 47.00
4003	Eukanuba restricted cal. 28#	\$ 66.00	4139	IVD Canine Control 15.4#	\$ 47.00
4001	Eukanuba restricted cal. 5#	\$ 15.00	4145	IVD Canine HP Small Breed 8.8#	\$ 41.00
4041	Eukanuba Senior Plus Joint 30#	\$ 84.00	4104	IVD Canine Adult PD 17.6#	\$ 75.00
4040	Eukanuba Senior Plus Joint 15#	\$ 44.00	4139	IVD Canine Cal Control 6.8#	\$ 24.00
4075	Fel IVD Pres. Diet Cans 5.5oz	\$ 2.50	4137	IVD Canine Cal Control Hi PRO case 24	\$ 64.00
3991	Feline 5.5 individual can	\$ 3.00	4110	IVD Canine Cal. Control High Fiber case	\$ 67.00
3934	Feline c/d can 5.5 oz	\$ 40.00	4147	IVD Canine Diabetic 7.7#	\$ 26.00
3931	Feline c/d dry 17.6#	\$ 58.00	4148	IVD Canine Diabetic case	\$ 65.00
3929	Feline c/d dry 4#	\$ 19.00	4130	IVD Canine Early Cardiac 17.6#	\$ 60.00
3930	Feline c/d dry 8.5#	\$ 35.00	4083	IVD Canine Gastro Low Fat LF 17.6#	\$ 56.00
4015	Feline d/d 3.5#	\$ 24.00	4091	IVD Canine Gastro Low Fat LF 24can/case	\$ 93.00
3971	Feline d/d cans 5.5oz. 24 case	\$ 55.00	4048	IVD Canine Gastro Low Fat LF 28.6#	\$ 75.00
3979	Feline DM case 5.5 cans	\$ 41.00	4069	IVD Canine Gastro Low Fat LF 6.8#	\$ 26.00
4081	Feline DM Dry 10#	\$ 50.00	4114	IVD Canine Hepatic 28.4#	\$ 95.00
3996	Feline DM dry 6#	\$ 34.00	4113	IVD Canine Hepatic 7.7#	\$ 37.00
4000	Feline g/d 5.5 ounce case	\$ 40.00	4149	IVD Canine HP Case	\$ 77.00
4070	Feline Hypoallergenic Treats	\$ 4.00	4107	IVD Canine HP Mod. Cal 24.2#	\$ 98.00
3997	Feline l/d 8.5 #	\$ 37.00	4108	IVD Canine HP Mod. Cal 7.7#	\$ 36.00
3972	Feline l/d can 5.5 oz 24/case	\$ 40.00	3968	IVD Canine Hypoallergenic Adult PD 25#	\$ 99.00
3973	Feline l/d dry 4#	\$ 20.00	4112	IVD Canine Hypoallergenic Adult PD case	\$ 79.00
3933	Feline k/d can 5.5 oz 24/case	\$ 41.00	3943	IVD Canine Hypoallergenic Adult PD 7.7#	\$ 35.00
4012	Feline k/d dry 4#	\$ 21.00	4082	IVD Canine Hypoallergenic Adult PR 17.8#	\$ 75.00
3940	Feline k/d dry 8.5#	\$ 37.00	4084	IVD Canine Hypoallergenic Adult PR 7.7#	\$ 35.00
3975	Feline l/d can 5.5 oz 24/case	\$ 45.00	4033	IVD Canine Hypoallergenic Adult PR case	\$ 85.00
3976	Feline l/d dry 4#	\$ 22.00	4061	IVD Canine Hypoallergenic Adult PV 17.6#	\$ 75.00
4023	Feline M/D 4# Dry	\$ 21.00	4039	IVD Canine Hypoallergenic Adult PV 25#	\$ 99.00
4022	Feline M/D dry 8.5#	\$ 40.00	4088	IVD Canine Hypoallergenic Adult PV 7.7#	\$ 35.00
4146	Feline Metabolic 8.5#	\$ 36.00	4064	IVD Canine Hypoallergenic Adult PV case	\$ 85.00
4116	Feline OM Case	\$ 37.00	4100	IVD Canine Hypoallergenic HP 17.6#	\$ 70.00
4080	Feline Purina EN 5.5 oz case 24	\$ 43.00	4101	IVD Canine Hypoallergenic HP 7.7#	\$ 35.00
3998	Feline Purina HA 4#	\$ 26.00	4134	IVD Canine Moderate Cal PW 7.7#	\$ 40.00
4072	Feline Purina NF 5.5 cans #24	\$ 41.00	4060	IVD Canine Renal LP 16# Dry	\$ 52.00
4073	Feline Purina NF Dry 6#	\$ 26.00	4097	IVD Canine Renal LP 24 cans case	\$ 66.00
4136	Feline Purina OM 16#	\$ 53.00	4030	IVD Canine Renal LP 5.5# Dry	\$ 22.00
3965	Feline Purina OM dry 6#	\$ 23.00	3944	IVD Canine Renal MP 16.5#	\$ 54.00
3960	Feline Purina UR dry 16#	\$ 55.00	3945	IVD Canine Renal MP 24can/case	\$ 66.00
3953	Feline Purina UR dry 6#	\$ 27.00	3941	IVD Canine Renal MP 6# Dry	\$ 25.00
3970	Feline Purina UR ST/Ox case 5.5 cans	\$ 41.00	4132	IVD Canine S/O MODERATE Cal 7.7#	\$ 33.00
3034	Feline r/d 17.6# Dry	\$ 57.00			
3983	Feline r/d canned 5.5 ounces 24/case	\$ 36.00			
3958	Feline r/d dry 4#	\$ 18.00			
3942	Feline r/d dry 8.5#	\$ 32.00			
3927	Feline s/d can 5.5 oz 24/case	\$ 40.00			
4014	Feline s/d dry 4#	\$ 18.00			
4119	Feline T/D 4#	\$ 18.00			
4120	Feline T/D 8.5#	\$ 36.00			
4010	Feline Tiki Cat 12can case	\$ 15.00			

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Page 10

Time: 12:06:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PRESCRIPTION DIETS-MISC. FOODS (Cont.)					
4118	IVD Canine S/O MODERATE cal 17.6#	\$ 67.00	292	Convenia Injection 80.1 - 90#	\$ 140.00
4131	IVD Canine S/O MODERATE CAL 7.7#	\$ 33.00	293	Convenia Injection 90.1-100#	\$ 150.00
4129	IVD Canine S/O MODERATE case	\$ 74.00	277	CPR-cardiopulmonary reusc.	\$ 275.00
4128	IVD Canine Satiety Support 17.6#	\$ 52.00	217	Cremation > 125lbs	\$ 170.00
4096	IVD Canine Satiety Support 26.4#	\$ 68.00	212	Cremation 1-24 lbs	\$ 80.00
4127	IVD Canine Satiety Support 7.7#	\$ 27.00	216	Cremation 100-124	\$ 150.00
4126	IVD Canine UC Low Purina 18#	\$ 61.00	213	Cremation 25 to 49 lbs	\$ 85.00
4144	IVD canine Urinary S/O REGULAR case	\$ 72.00	214	Cremation 50 to 74 lbs	\$ 95.00
4092	IVD Canine Vegetarian 16.5# Dry	\$ 56.00	215	Cremation 75 to 99 pounds	\$ 120.00
4102	IVD Canine Vegetarian Case	\$ 77.00	211	Cremation Services, See Below	\$ 0.00
4094	IVd Feline 2.5oz / 3oz. can	\$ 2.00	234	Cremation, Processing Fee	\$ 45.00
4125	IVD Feline Gastro Fiber Response 8.8#	\$ 41.00	207	CSF Tap	\$ 300.00
4123	IVD Feline Gastrointestinal HE 8.8#	\$ 44.00	201	Ear flush - 2 ears	\$ 295.00
4124	IVD Feline Gastrointestinal HE case	\$ 44.00	200	Ear flush - one ear	\$ 275.00
4049	IVD Feline HE 24can case	\$ 43.00	256	EKG-electrocardiogram	\$ 70.00
4105	IVD Feline HP 7.7#	\$ 52.00	257	Endoscopic Exam/Services	\$ 100.00
4066	IVD Feline Hypoallergenic Adult PV case /	\$ 61.00	281	Endoscopy & Ultrasound-Mob.vu	\$ 800.00
4065	IVD Feline Hypoallergenic Adult PV 8.8#	\$ 60.00	280	Endoscopy-specialist/vip or low	\$ 700.00
4078	IVD Feline Hypoallergenic PD 8.8#	\$ 60.00	283	Endoscopy-upper and lower	\$ 950.00
4076	IVD Feline Hypoallergenic PD case	\$ 65.00	218	Enema - discolipate	\$ 185.00
4090	IVD Feline Hypoallergenic PR 8.8#	\$ 60.00	219	Enema Administration	\$ 65.00
4098	IVd Feline Hypoallergenic PR case	\$ 65.00	288	Euthanasia <16 # in office	\$ 85.00
4117	IVD Feline MODERATE CAL S/O 3oz.	\$ 36.00	291	Euthanasia >60# in office	\$ 100.00
4133	IVD Feline MODERATE CAL S/O 6.8#	\$ 36.00	221	Euthanasia 15 lbs or less	\$ 65.00
4997	IVD Feline Renal LP 2.5 #	\$ 15.00	222	Euthanasia 15 to 30 lbs	\$ 70.00
4020	IVD Feline Renal LP 7# Dry	\$ 34.00	289	Euthanasia 15-30# in office	\$ 90.00
4027	IVD Feline Renal LP case 24 6oz. cans	\$ 49.00	223	Euthanasia 30 to 60 lbs	\$ 75.00
4024	IVD Feline Renal LP Modified 3.oz./24	\$ 34.00	290	Euthanasia 30-60# in office	\$ 95.00
4143	IVD Feline S/O 3.3#	\$ 19.00	224	Euthanasia 60 lbs & over	\$ 85.00
4089	IVD Feline S/O 5.8oz case 24	\$ 44.00	225	Euthanasia Lab animal/bird	\$ 50.00
4077	IVD Treats	\$ 9.00	220	Euthanasia Services, See Below	\$ 0.00
4099	open	\$ 0.00	227	Eye - tear test (Schirmer)	\$ 25.00
Category Name: PROF. SERVICES-PROCEDURES					
299	*Write In!	\$ 0.00	228	Eye - tonometry	\$ 35.00
202	Anal Sacs - Infusion	\$ 40.00	226	Eye-corneal staining fluorescein	\$ 25.00
203	Bandaging - routine	\$ 35.00	229	Eye-Schirm/corneal fluor.stain	\$ 40.00
262	Baytril injectable/ml + inj.	\$ 3.00	230	Fluid Therapy - SC/ml (O.P.)	\$ 28.00
269	Beak and nail clip	\$ 22.00	455	Fresh Frozen Plasma Administration	\$ 80.00
270	Beak and wing clip	\$ 25.00	231	Heartworm Tx -Injection-(not inclu. med)	\$ 68.00
276	Beak Clip	\$ 20.00	247	Injection #1	\$ 29.00
276	Blood pressure measurement	\$ 45.00	248	Injection #2	\$ 39.00
206	Centesis - abdominal	\$ 150.00	249	Injection #3	\$ 48.00
208	Centesis - arthro (joint)	\$ 65.00	246	Injection - Anzemet	\$ 35.00
209	Centesis - percutaneous	\$ 30.00	245	Injection - CRI Pain Medication	\$ 48.00
210	Centesis - thoracic (chest)	\$ 155.00	285	Injection Amik250mg/ml +inj	\$ 8.00
294	Colonic Flush Inc. Cytology	\$ 120.00	265	Injection- Baytril/ml + inj	\$ 3.00
235	Convenia Injection 0-15 #	\$ 65.00	244	Injection- hospital treatment	\$ 12.00
236	Convenia Injection 15.1-30#	\$ 78.00	263	Injection- pain medication	\$ 24.00
237	Convenia Injection 30.1-40#	\$ 88.00	258	Injection-Adequan/ ml + inj fee	\$ 20.00
238	Convenia Injection 40.1-50#	\$ 98.00	267	Injection-Amik50mg/ml +inj fee	\$ 1.25
239	Convenia Injection 50.1- 60#	\$ 108.00	264	Injection-Avid FriendChip	\$ 48.00
240	Convenia Injection 60.1 - 70#	\$ 120.00	204	Injection-Cefotaxim bottle	\$ 14.00
241	Convenia Injection 70.1 -80#	\$ 130.00	262	Injection-Chloramphen/bottle	\$ 18.00
			253	Injection-Epogen	\$ 48.00
			278	Injection-Halastarch	\$ 70.00
			278	Injection-hypertonic saline	\$ 40.00
			268	Injection-Metronidazole/ml+inj	\$ 12.00
			266	Injection-Pepsid/ml + inj. fee	\$ 5.00
			284	Injection-Rimadyl/ml	\$ 29.00
			254	Injection-Shock treatment	\$ 38.00
			242	Injection-Soludelta cortef 100	\$ 32.00
			243	Injection-Soludelta cortef 500	\$ 45.00
			261	Injection-Solumedrol bottle	\$ 48.00
			255	Injection-subconjunctival	\$ 25.00

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Page 11

Time: 12:06:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: PROF. SERVICES-PROCEDURES (Cont.)			5014	Returned Check Services	\$ 30.00
			5015	Telephone & L/D Charges	\$ 0.00
297	Insulin-CRI	\$ 48.00	Category Name: SURGICAL SERVICES		
3897	Medicine Administration 2x per day	\$ 22.00	800	(BANDAGES & CASTS, 800-824)	\$ 0.00
232	Microfilaria Treatment	\$ 0.00	825	(GASTROINTESTINAL, 825-859)	\$ 0.00
158	Nail Clip Large Bird	\$ 22.00	860	(HEMATOPOETIC, 860-889)	\$ 0.00
84	Nasal oxygen catheter	\$ 85.00	1075	(INTEGUMENT/EAR, 1075-1119)	\$ 0.00
233	Obstetrical Assistance	\$ 350.00	890	(MUSCULOSKELETAL, 890-949)	\$ 0.00
250	Pedicure - courtesy	\$ 0.00	950	(NEUROLOGICAL, 950-989)	\$ 0.00
251	Pedicure - nail trim	\$ 15.00	970	(OPHTHALMIC, 970-1019)	\$ 0.00
271	Pluck Ears/Nails	\$ 20.00	1020	(RECONSTRUCTIVE, 1020-1049)	\$ 0.00
287	Poison Ingestion treatment	\$ 155.00	1050	(RESPIRATORY, 1050-1074)	\$ 0.00
274	Rabbit Teeth Clip/Nails	\$ 40.00	1120	(SPECIAL/MISC., 1120-1139)	\$ 0.00
286	Special Serv.-late treatment	\$ 7.00	1140	(UROGENITAL, 1140-1197)	\$ 0.00
260	Tear duct flush	\$ 65.00	1199	*Surgery	\$ 0.00
273	Teeth Clip-lab animal	\$ 28.00	1197	<Open>	\$ 0.00
259	Tracheal Wash/collection	\$ 285.00	826	Abdominal Exploratory	\$ 600.00
205	Video oloscopy	\$ 22.00	1121	Abdominal Tap- Drain Fluid	\$ 150.00
272	Wing Clip	\$ 20.00	1091	Abscess treatment	\$ 275.00
Category Name: RADIOLOGY SERVICES			1149	Aller dog 15-30# Inc. pain med	\$ 260.00
611	X- Ray Special Contrast Media Charge1	\$ 20.00	1150	Aller dog 30-60# Inc. pain med	\$ 270.00
699	*Write In4	\$ 0.00	1161	Aller dog 60# + Inc. pain med	\$ 300.00
608	Dental X-ray (>5)	\$ 95.00	1148	Aller dog< 15# Inc. pain med	\$ 250.00
605	Dental X-ray (1)	\$ 45.00	1152	Aller Feline	\$ 120.00
606	Dental X-ray (2)	\$ 55.00	1189	Aller rabbit	\$ 325.00
607	Dental X-ray (3-5)	\$ 75.00	1187	Aller-Ferret	\$ 80.00
603	GI (barium) Series, cat	\$ 350.00	4523	Amikacin Injection Syringe <1ml	\$ 15.00
504	GI (barium) Series, dog	\$ 400.00	891	Amputation/digit(s)	\$ 575.00
619	Hip X-Ray	\$ 95.00	892	Amputation/extremity	\$ 900.00
4150	IVD Canine Anallergenic 19.8#	\$ 92.00	893	Amputation/tail	\$ 375.00
4152	IVD Feline Senior Consult 24/5.8oz case	\$ 42.00	1155	Anal Sac Resection	\$ 750.00
4151	IVD Feline Senior Consult 7.7#	\$ 39.00	827	Anal Sac(s) Abscess	\$ 285.00
615	IVP XRay Urinary Tract, dog	\$ 325.00	828	Anal Sac(s) Removal	\$ 600.00
614	IVP XRay Urinary Tract, cat	\$ 400.00	839	Anastomosis-Intestinal	\$ 950.00
609	Radiology Consultation Specialist	\$ 105.00	1955	Apomorphine Administration	\$ 60.00
602	Recheck X-ray	\$ 65.00	3098	Arthogen 32 oz.	\$ 47.00
622	Sonogram screen	\$ 110.00	894	Arthrotomy	\$ 500.00
616	Ultrasound	\$ 325.00	812	Avulsed nail/bandage - major	\$ 90.00
626	Ultrasound Dr. Reid	\$ 375.00	810	Avulsed nail/bandage-minor	\$ 45.00
617	Ultrasound - 2 cavities	\$ 505.00	801	Bandaging - compression	\$ 32.00
625	Ultrasound - 2 cavities- Dr. Reid	\$ 565.00	802	Bandaging - minor	\$ 30.00
618	Ultrasound and Biopsy	\$ 525.00	803	Bandaging - moderate	\$ 40.00
627	Ultrasound and Biopsy Dr Reid	\$ 0.00	804	Bandaging - Robert Jones	\$ 55.00
621	Ultrasound guided aspirate	\$ 115.00	905	Bandaging - surgical extensive	\$ 55.00
629	Ultrasound guided aspirate Dr Reid	\$ 0.00	829	Biopsy (gastrointestinal)	\$ 600.00
620	Ultrasound guided biopsy only	\$ 220.00	1141	Biopsy (kidney)	\$ 375.00
630	Ultrasound guided biopsy only Dr Reid	\$ 0.00	895	Biopsy (muscle or bone)	\$ 150.00
677	Ultrasound-Focused assessment	\$ 90.00	1077	Biopsy (skln)	\$ 150.00
601	X-Ray Addition View	\$ 72.00	1142	Biopsy (urogenital)	\$ 375.00
612	X-Ray Special Contrast Media Charge2	\$ 30.00	896	Biopsy lymph node	\$ 275.00
613	X-Ray Special Contrast Media Charge3	\$ 40.00	1921	Boarding Additional Day(s)	\$ 0.00
600	X-Ray-first view	\$ 92.00	3961	Canine Hypoallergenic Treats	\$ 10.00
Category Name: SPECIAL INFORMATION-SERVICE			807	Casting - fiberglass	\$ 325.00
5000	*Balance exists from _____	\$ 0.00	808	Casting - Mason metaspint	\$ 200.00
5001	NYS Reimburse spay/neut adjust	\$ 0.00	809	Casting - plaster	\$ 300.00
RET	Return/Credit	\$ 0.00	811	Casting - Thomas splint	\$ 300.00
			1143	Castration, See Below	\$ 0.00
			1161	Cesarian Section	\$ 600.00
			971	Chalazion	\$ 180.00
			977	Conjunctival Flap	\$ 300.00
			897	Cruciate Ligament Repair	\$ 700.00
			1145	Cryptorchid (cat)	\$ 350.00

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

Page 12

Time: 12:06:50 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
Category Name: SURGICAL SERVICES (Cont.)			837	Liver Biopsy	\$ 400.00
1144	Cryptorchid (dog)	\$ 450.00	1089	Mass Removal-external (major)	\$ 600.00
13	Cushings Disease Training	\$ 45.00	1090	Mass Removal-external (minor)	\$ 200.00
1159	Cystotomy - Cat	\$ 600.00	1128	Mass Removal-Internal (major)	\$ 800.00
1160	Cystotomy - Dog	\$ 650.00	1129	Mass Removal-Internal (minor)	\$ 700.00
1163	Cystotomy/urethrotomy	\$ 900.00	1165	Mastectomy (Cat)	\$ 600.00
900	Declaw Cat (rear)	\$ 325.00	1188	Mastectomy (Dog)	\$ 650.00
911	Declaw Feline (all) with alter	\$ 600.00	1130	Microchip Ident implant	\$ 88.00
898	Declaw Feline 4	\$ 475.00	1059	Nasal flush feline	\$ 90.00
899	Declaw Feline(2)	\$ 325.00	1088	Nasal Fold Excision	\$ 225.00
915	Declaw over 2 years old	\$ 450.00	982	Nasolacrimal Flush/cath	\$ 60.00
901	Declaw/Alter cat	\$ 400.00	1053	Nasopharyngeal Polyp Removal	\$ 300.00
1188	Descent-Ferrat	\$ 200.00	1168	Nephrectomy	\$ 800.00
902	Dewclaw Removal (puppy)	\$ 125.00	1169	Nephrotomy	\$ 800.00
903	Dewclaw(s) & Tail(s)/Puppy	\$ 35.00	983	Nictitans Eye Flap	\$ 110.00
951	Diaphragmatic hernia repair	\$ 900.00	3763	Omega Tri-V Caps Small 60ct	\$ 12.00
904	Docking Tail(s) (only)	\$ 30.00	1123	Operating Room Fee	\$ 300.00
1080	Ear Resection (bilateral)	\$ 625.00	1170	Ovariectomy, See Below	\$ 0.00
1081	Ear Resection (unilateral)	\$ 800.00	1058	Partial Laryngectomy	\$ 350.00
823	Echocardiogram	\$ 325.00	916	Pectineus Myotendonectomy	\$ 250.00
828	Echocardiogram- Dr Reid	\$ 375.00	843	PEG tube placement	\$ 350.00
830	Enterotomy-remove foreign body	\$ 800.00	1158	Perianal adenoma	\$ 550.00
973	Enucleation	\$ 800.00	1157	Perianal Adenoma/Castration	\$ 700.00
990	Esophagostomy tube	\$ 175.00	838	Pharyngostomy Tube Placement	\$ 120.00
976	Eye-Grid Keratotomy	\$ 150.00	840	Pyloroplasty	\$ 400.00
984	Eye-replace gland of nictitans	\$ 400.00	1174	Pyometra, canine	\$ 850.00
974	Eye/Id Surgery/major	\$ 600.00	1175	Pyometra, feline	\$ 700.00
975	Eye/Id Surgery/major x 2	\$ 425.00	841	Rectal Prolapse	\$ 325.00
978	Eye/Id Tumor Removal	\$ 400.00	842	Salivary Mucosaele	\$ 650.00
905	Femoral Head Osteotomy	\$ 800.00	1153	Scrotal Ablation	\$ 425.00
1017	Fluids to start on arrival at the Hosp.	\$ 0.00	4188	Soft Paws Application	\$ 45.00
906	Fracture Repair/IM pinning	\$ 900.00	1184	Spay cat + Decl 4 inc pain med	\$ 675.00
907	Fracture Repair/KE apparatus	\$ 900.00	1185	Spay cat/declaw(2)inc pain med	\$ 650.00
908	Fracture Repair/Mandibular	\$ 425.00	1177	Spay dog 15-30 # inc. pain med	\$ 305.00
909	FX Repair/Mandibular Symphysis	\$ 400.00	1178	Spay dog 30-50 # inc. pain med	\$ 325.00
831	Gastro Lavage	\$ 325.00	1179	Spay dog 51-80# inc. pain med	\$ 340.00
832	Gastro Torsion Complex	\$ 1,200.00	1180	Spay dog 80 lbs+ inc. pain med	\$ 460.00
833	Gastrotomy	\$ 800.00	1176	Spay dog <15 lbs inc. pain med	\$ 285.00
834	Gastrotomy Tube	\$ 350.00	1181	Spay feline including pain med	\$ 285.00
1079	Hematoma-Aural	\$ 325.00	1183	Spay feline preg./inc pain med	\$ 675.00
1021	Hernia (diaphragmatic)	\$ 900.00	1182	Spay feline/heat inc. pain med	\$ 380.00
1022	Hernia (inguinal)	\$ 800.00	1195	Spay ferrat	\$ 120.00
1023	Hernia (perianal)	\$ 800.00	1198	Spay mature dog-surgical fee	\$ 325.00
1031	Hernia-Umbilical - Cat	\$ 350.00	1188	Spay Rabbit	\$ 400.00
1030	Hernia-Umbilical - Dog	\$ 350.00	864	Splenectomy	\$ 800.00
1029	Hernia-Umbilical w/Alter	\$ 200.00	1054	Stenotic Nares Repair	\$ 325.00
1028	Hernia-Umbilical w/Spay	\$ 150.00	865	Surgery Dr. Sevalle	\$ 800.00
912	Hip Luxation Closed Reduction	\$ 400.00	918	Tendon Repair	\$ 450.00
913	Hip Luxation Open Reduction	\$ 800.00	914	Tendonectomy	\$ 400.00
910	Hygroma Correction/Elbow	\$ 400.00	1154	Testicular Tumor	\$ 450.00
835	Intestinal Anastomosis	\$ 850.00	1122	Thoracic Tap - Drain Fluid	\$ 155.00
836	Intussusception	\$ 850.00	1055	Thoracotomy	\$ 1,000.00
3978	IVD Canine Prescription can	\$ 4.00	1092	Thyroidectomy	\$ 800.00
4071	IVD Feline Prescription can 6oz	\$ 3.00	1057	Tracheotomy	\$ 300.00
3586	Keta Chlor Shampoo	\$ 20.00	1162	Urethrostomy	\$ 800.00
980	Laceration (corneal)	\$ 400.00	1192	Urethrostomy/feline male	\$ 800.00
1027	Laceration (intermediate)	\$ 300.00	1193	Urinary Obstruction/canine	\$ 275.00
981	Laceration (lid)	\$ 350.00	1194	Urinary Obstruction/feline	\$ 225.00
1025	Laceration (major)	\$ 400.00	1164	Urohydropulsion	\$ 325.00
1026	Laceration (minor)	\$ 250.00	2495	Valium Syringe	\$ 14.00
919	Laparotomy	\$ 800.00	3508	Vetsulin 10ml	\$ 44.00
1087	Lip Fold Correction	\$ 400.00			

DEF. PRICE includes Pkg Fee, Min Price, and Round Off  
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Page 13

Time: 12:06:50 PM

## Appendix EE

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

(h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the 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 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 W Old Country Rd Hicksville NY 11801 (Address)  
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 Not 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:

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4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action \_\_\_\_\_ has ~~not~~ 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:

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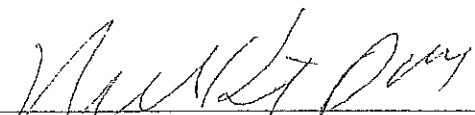
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5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

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.

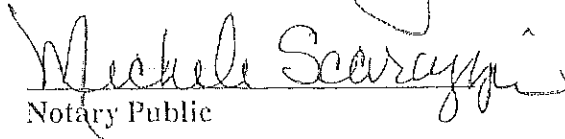
2-5-15  
Dated

  
Signature of Chief Executive Officer

Mitchell Kont  
Name of Chief Executive Officer

Sworn to before me this

5 day of February, 2015.

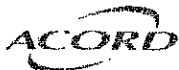
  
Notary Public

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

OWNERSHIP DISCLOSURE DOCUMENT

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

SOLE PRINCIPAL: MITCHELL KORNET, DVM



# CERTIFICATE OF LIABILITY INSURANCE

MIDISLA-01

RMURRAY

DATE (MM/DD/YYYY)

4/5/2016

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 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 # 100290810  
Chicago, IL-Hub International Midwest West  
65 East Jackson Boulevard  
Floor 14A  
Chicago, IL 60604

CONTACT  
NAME  
PHONE (A/C, Hq, Ext) (312) 922-5000 FAX (A/C, Hq) (312) 922-5358  
E-MAIL  
ADDRESS

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A Travelers Casualty Insurance Company of America 19046

INSURED

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

INSURER B

INSURER C

INSURER D

INSURER E

INSURER F

## 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	AGGREGATE LIMIT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	6806187R024	08/09/2015	08/09/2016	
						EACH OCCURRENCE 2,000,000
						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) 300,000
						MED EXP (any one person) 5,000
						PERSONAL & ADJ INJURY 2,000,000
						GENERAL AGGREGATE 4,000,000
						PRODUCTS - COMPOUND 4,000,000
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (EA accident) 5
	ALL OWNED AUTOS	OWNED TO NON-OWNED AUTOS				BODILY INJURY (Per person) 3
	HIRED AUTOS					BODILY INJURY (Per accident) 5
						PROPERTY DAMAGE (Per accident) 3
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE 5
	EXCESS LIAB	OR AGGREGATE				AGGREGATE 5
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				PER STATUTE 5
	If yes, describe under DESCRIPTION OF OPERATIONS below					EL EACH ACCIDENT 5
						EL DISEASE EA EMPLOYEE 5
						EL DISEASE EA EMPLOYEE 5

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder is listed as an Additional Insured as their interests may appear with respects to the General Liability

Subject to Policy Terms, Conditions and Exclusions.

## CERTIFICATE HOLDER

## CANCELLATION

Nassau County District Attorney's Office  
262 Old Country Road  
Mineola, NY 11501

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

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Contract ID#: CQDA15000004  
CLDA16000007



Department: District Attorney

## Contract Details

SERVICE Veterinary Services

NIFS ID #: CLDA16000007

NIFS Entry Date: 04/26/16 Term: 03/01/16 -- 02/28/17

New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/>
Amendment <input type="checkbox"/>
Time Extension <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>
RES#

1) Mandated Program:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3) CSEA Agreement § 32 Compliance Attached:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5) Insurance Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## Agency Information

Vendor	
Name Mid Island Animal Hospital	Vendor ID# 11-2648297
Address 264 West Old Country Road Hicksville, NY 11501	Contact Person Barbara Reynolds Office Manager
	Phone (516) 681-5477

County Department
Department Contact Robert McManus
Address Nassau County District Attorney's Office 262 Old Country Rd. Mineola, NY 11501
Phone (516) 571-3354

## Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head) Contractor Registered <input checked="" type="checkbox"/>	4/27/16 5/02/16	Vicki Coral [Signature]	
5/4/16	OMB	NIFS Approval (Contractor Registered) <input checked="" type="checkbox"/>	5/4/16	William Cole	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
5/9/16	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	5/9/16	[Signature]	
5/9/16	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	5/10/16	[Signature]	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>			
6/8/16	County Attorney	NIFS Approval <input checked="" type="checkbox"/>	6/8/16	[Signature]	
	Comptroller	NIFS Approval <input checked="" type="checkbox"/>	6/27/16	[Signature]	6/28/16
7/16/16	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	7/16/16	[Signature]	

## Contract Summary

PR5254 (1/06)



<b>Description:</b> This is an amendment to extend an existing agreement for veterinary services for a facility dog at the Special Victims Bureau of the District Attorney's Office. This amendment extends the expiration date to February 28, 2017.
<b>Purpose:</b> The services to be provided by the Contractor under this Agreement shall consist of canine veterinary services, which will include but not be limited to diagnostic exams, emergency medical care, emergency surgery, kennel calls for both emergencies and routine care and other related services to promote the health and well-being of the dog assigned to the District Attorney's Office Special Victims Bureau.
<b>Method of Procurement:</b> Sole Source due to location and familiarity with the dog's treatment and medical history.
<b>Procurement History:</b> N/A
<b>Description of General Provisions:</b> This is an extension of an existing agreement with Mid Island Animal Hospital to provide veterinary services to a trained facility dog previously donated to the District Attorney's Office. The dog's function is to help vulnerable and frightened victims and witnesses – particularly children – to feel more comfortable discussing traumatic or violent events or experiences. The amount of the original agreement was \$5,000.00 and ample funding remains from that amount to cover the term of this extension.
<b>Impact on Funding / Price Analysis:</b> This agreement will be funded by discretionary forfeiture funds with no cost to Nassau County.
<b>Change in Contract from Prior Procurement:</b> No change.
<b>Recommendation:</b> Approve as submitted.

## Advisement Information

BUDGET CODES	
Fund:	GRT
Control:	DA89
Resp:	DA 891A
Object:	DE 500
Transaction:	CQ

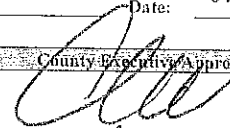
FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$
Federal	\$
State	\$ .01
Capital	\$
Other	\$
<b>TOTAL</b>	<b>\$ .01</b>

LINE	INDEX/OBJECT CODE	AMOUNT
1	DAGRT891AOTH/DE500	\$ .01
2		\$
3		\$
4		\$
5		\$
6		\$
<b>TOTAL</b>		<b>\$ .01</b>

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: R. McManus

Date: 04/26/16

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 <u>Jim L...</u>	Name <u>[Signature]</u>	Date <u>5/16/16</u>
Date <u>4/27/14</u>	Date <u>6/27/14</u>	(For Office Use Only)
		E #:

RULES RESOLUTION NO. 163 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 DISTRICT ATTORNEY AND  
MID ISLAND ANIMAL HOSPITAL

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 Mid Island Animal Hospital to provide canine veterinary services, including emergency care and surgery, for the dog(s) assigned to the Department's Special Victims Bureau, 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 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 West Old Country Rd., Hicksville, NY 11501

FEDERAL TAX ID #: 11-2648297

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**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.**

This is a renewal of a contract that was awarded the county by the state and federal government to enhance and expand the work done in the schools under the first contract. See Staff Summary.

**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.

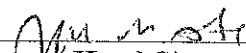
**VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services.** The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of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

05/02/16  
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. 09/15*



MADLINE SINGAS  
DISTRICT ATTORNEY

OFFICE OF  
THE DISTRICT ATTORNEY  
NASSAU COUNTY

To: Office of the Comptroller  
Office of Management and Budget

From: Jeffrey M. Stein  
Chief Administrative Officer

Date: 04/26/16

Re: Sole Source Justification – Mid Island Animal Hospital

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This agreement with Mid Island Animal Hospital is to provide veterinary services to “Megga”, a “facility dog” trained to assist victims and witnesses in sensitive cases, primarily children in abuse cases. The dog was provided free of charge by Canine Companions for Independence. Canine Companions is a national organization that trains both dogs and their handlers is assisting in stressful scenarios for victims and witnesses – especially children – such as those frequently faced in a prosecutor’s office. The dog is trained to help vulnerable and frightened victims and witnesses feel more comfortable discussing traumatic or violent events.

A competitive bidding process would not be appropriate due to the fact that Mid Island Animal hospital is familiar with Megga due to having treated her since she was a puppy. In addition, the location of Mid Island Animal Hospital is convenient and nearby to both the Nassau County District Attorney’s Office and the home of the Assistant District Attorney assigned to caring for the dog in the event of an emergency.



MADLINE SINGAS  
DISTRICT ATTORNEY

OFFICE OF  
THE DISTRICT ATTORNEY  
NASSAU COUNTY

To: To Whom It May Concern

From: Jeffrey M. Stein  
Chief Administrative Officer

Date: 04/26/16

Subject: Contractor Evaluation:  
Mid Island Animal Hospital  
CQDA15000004

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Please be advised that the services heretofore performed by this vendor under the above referenced contract have been very satisfactory.



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: 4/4/16

Vendor: Mid Island Animal Hospital

Signed: Mitchell Korodan

Print Name: Mitchell Korodan

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/bidder. Answers must be 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/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD.

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

1. Principal Name Mitchell Kornet DVM  
 Date of birth 3/4/55  
 Home address 29 Delaware Ave  
 City/state/zip Jenicho, N.Y. 11753  
 Business address 264 W Old Country Rd  
 City/state/zip Hicksville N.Y. 11800  
 Telephone 516 681 547  
 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Chairman of Board \_\_\_\_/\_\_\_\_/\_\_\_\_ Shareholder \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Chief Exec. Officer \_\_\_\_/\_\_\_\_/\_\_\_\_ Secretary \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Chief Financial Officer \_\_\_\_/\_\_\_\_/\_\_\_\_ Partner \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Vice President \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Other) owner 8-12-83
3. Do you have an equity interest in the business submitting the questionnaire?  
 NO \_\_\_\_ YES ☒ If Yes, provide details.
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? NO \_\_\_\_  
☒ YES \_\_\_\_ 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? 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 contracts 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.
  - f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO ☒ YES \_\_\_\_ If Yes, provide details for each such occurrence.

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.
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? 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/PROPOSAL OR FUTURE BIDS/PROPOSALS, 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 4 day of March 2016

Michele Scarpizzi  
Notary Public

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

Mid Israel Arnd Hospital  
Name of submitting business

Mitchell Kornet  
Print name

Mitch Kornet  
Signature

Owner  
Title

4, 4, 16  
Date

**Business History Form**

In addition to the submission of bids/proposals, as applicable, each bidder/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 bid/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: 4-4-16

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

2) Address of Place of Business: 264 W. Old County Road  
Hicksville N.Y. 11801

List all other business addresses used within last five years:

3) Mailing Address (if different): same

Phone: 516 681 5777

Does the business own or rent its facilities? Own

4) Dun and Bradstreet number: none

5) Federal I.D. Number: 11 2648297

6) The bidder/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 bidder/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 bidder/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? 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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? 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.

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 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. In the event that a conflict arises, I will notify the County and have the County determine if an actual conflict exists

- A. Include a resume or detailed description of the bidder's/proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified. *See attached profile*

Should the bidder/proposer be other than an individual, the bid/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. *32*
- C. Provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.
- D. Provide names and addresses for no fewer than three references for whom the bidder/proposer has provided similar services or who are qualified to evaluate the bidder's/proposer's capability to perform this work.

Company Nassau County District Attorney's Office

Contact Person Amanda Burke

Address 262 Old Country Rd

City/State Mineola NY 11501

Telephone (516) 571-3774

Fax # (516) 571-1119

E-Mail Address amanda.burke@nassau.ny.us

Company My Canine Coach  
Contact Person Sheryl L. Furman  
Address 7 Lillian Lane  
City/State Plainview, NY 11803  
Telephone (516) 822-5209  
Fax # \_\_\_\_\_  
E-Mail Address mycaninecoach@aol.com

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Company \_\_\_\_\_  
Contact Person Mary Ann Notaro  
Address 138 Cambridge Dr  
City/State Hicksville NY 11801  
Telephone (516) 433-2687  
Fax # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

- E. Please provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

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/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Mitchell Kornets, 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 4 day of MARCH

2016

Michele Scaramuzza  
Notary Public

MICHELE A. SCARAZZINI  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01SC6106042  
Qualified in Nassau County  
My Commission Expires March 15, 2020

Name of submitting business: Mid Island Animal Hospital LLC

By: Mitchell Kornets Print  
name

[Signature]  
Signature

[Signature]  
Title

4.4.16 Date

COUNTY OF NASSAU

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

1. Name of the Entity: Mid Island Animal Hospital

Address: 264 W. Old County Rd

City, State and Zip Code: Hicksville N.Y. 11801

2. Entity's Vendor Identification Number: 11264 8297

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 DVM  
264 W. Old County Rd  
Hicksville N.Y. 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 N.Y. 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, or to otherwise engage in lobbying as the term is defined herein. 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*

Page 3 of 4

(b) Describe lobbying activity of each lobbyist. See page 4 of 4 for a complete description of lobbying activities.

None

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

None

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: 4-4-16

Signed: Mitchell K. Dwyer

Print Name: Mitchell K. Dwyer

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.

## AMENDMENT NO. 1

AMENDMENT (together with any appendices or exhibits 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 Nassau County District Attorney's Office, having its principal office at 262 Old Country Road, Mineola, New York 11501 (the "Department") and (ii) **Mid Island Animal Hospital**, having its principal office at **264 West 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 CQDA15000004 between the County and the Contractor, executed on behalf of the County on February 27, 2015, (the "Original Agreement"), the Contractor provides canine veterinary services to promote the health and well-being of the dog assigned to the Department's Special Victims Bureau, 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 is from March 1, 2015 until February 29, 2016, with three (3) one (1) year options to renew, and subject to early termination as provided for under the Original Agreement (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 Five Thousand Dollars (\$5,000.00) (the "Maximum Amount"); and

WHEREAS, the County desires to exercise one (1) of the three (3) renewal options by extending the Original Term.

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

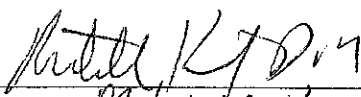
1. **Renewal of Term.** The Original Agreement shall be renewed and thereby extended by one (1) year, so that the termination date of the Original Agreement, as amended by this Amendment (the "Amended Agreement"), shall be February 28, 2017, subject to early termination as provided for under this Amended Agreement.

2. **Payment.** (a) Amount of Consideration. The County agrees to pay the Contractor pursuant to the amended rate schedule for Services provided which is attached hereto as "Appendix A-1" and incorporated herein by reference.

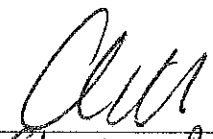
3. **Full Force and Effect.** All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

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

MID ISLAND ANIMAL HOSPITAL

By:   
Name: Mitchell K. Dorsey  
Title: owner  
Date: 2/4/16

NASSAU COUNTY

By:   
Name: Charles Ribicco  
Title: County Executive  
☒ Deputy County Executive  
Date: 6/30/16

PLEASE EXECUTE IN BLUE INK



# APPENDIX A-1

Mid Island Animal Hospital

Price Listing

Thursday, March 24, 2016

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
611	X-Ray Special Contrast Media Charge1	\$ 20.00	631	ACTH Resp. 4 hrs & 5 hrs Post Triostane	\$ 85.00
800	(BANDAGES & CASTS, 800-824)	\$ 0.00 *	631	ACTH Resp. 4 hrs & 5 hrs Post Triostane	\$ 143.00
400	(BLOOD CHEMISTRY, 400-435)	\$ 0.00	522	ACTH response test	\$ 85.00
1800	(BOARDING FEES, 1800-1920)	\$ 0.00	522	ACTH response test	\$ 143.00
1620	(DAILY CARE FEES, 1620-1639)	\$ 0.00 *	393	ACTH Response- Feline	\$ 72.00
1600	(FLUID THERAPY, 1600-1619)	\$ 0.00	393	ACTH Response- Feline	\$ 130.00
4301	(FLUIDS, 4301-4399)	\$ 0.00 *	2858	Adams Flea Dip 4oz	\$ 13.00
825	(GASTROINTESTINAL, 825-859)	\$ 0.00	2852	Adams Flea Off Dust II 3oz	\$ 9.00
436	(HEMATOLOGY, 436-460)	\$ 0.00	2856	Adams Flea Off Mist 16oz	\$ 14.00
880	(HEMATOPOETIC, 880-889)	\$ 0.00	1659	Additional Injections	\$ 12.00
4500	(HOSP/GEN.MED SUP, 4500-4649)	\$ 0.00	2357	Adequan	\$ 118.00
1640	(HOSPITAL INJECT., 1640-1659)	\$ 0.00	540	Adrenal Profile Test-Tennessee	\$ 275.00
1075	(INTEGUMENT/EAR, 1075-1119)	\$ 0.00	2200	Aerokat	\$ 80.00
4300	(INVENTORY, 4300-4999)	\$ 0.00	8	After Hours Exam	\$ 115.00
4650	(LABORATORY SUP., 4650-4799)	\$ 0.00	2215	Albon 500mg	\$ 15.00
4400	(MAINTWARD SUP., 4400-4499)	\$ 0.00	2202	Albon Liquidoz	\$ 15.00
461	(MICROBIOLOGY, 461-479)	\$ 0.00	491	Albumin	\$ 40.00
890	(MUSCULOSKELETAL, 890-949)	\$ 0.00	392	Aldosterone Level	\$ 132.00
950	(NEUROLOGICAL, 950-969)	\$ 0.00	401	Alkaline Phosphatase	\$ 40.00
4800	(OFFICE/COMPUTER, 4800-4899)	\$ 0.00	2214	Alerderm Spot On	\$ 38.00
970	(OPHTHALMIC, 970-1019)	\$ 0.00	525	Allergy Testing-IgE	\$ 175.00
480	(PARASITOLOGY, 480-499)	\$ 0.00	3583	Allerob-T shampoo 8 oz.	\$ 12.00
500	(PATHOLOGY, 500-519)	\$ 0.00	87	Alpha Track 2 Glucose Meter	\$ 125.00
6000	(PRO.SERV/AVIAN, 6000-6099)	\$ 0.00	89	AlphaTrack 2 Lancets 100/bx	\$ 22.00
4900	(RADIOLOGY SUP., 4900-4999)	\$ 0.00	88	AlphaTrack 2 Test Strips 50/bx	\$ 69.00
1020	(RECONSTRUCTIVE, 1020-1049)	\$ 0.00	1149	Alter dog 15-30# inc. pain med	\$ 260.00
1050	(RESPIRATORY, 1050-1074)	\$ 0.00	1150	Alter dog 30-60# inc. pain med	\$ 270.00
1120	(SPECIAL/MISC., 1120-1139)	\$ 0.00	1151	Alter dog 60# + inc. pain med	\$ 300.00
570	(TOXICOLOGY, 570-579)	\$ 0.00	1148	Alter dog< 15# inc. pain med	\$ 250.00
1140	(UROGENITAL, 1140-1197)	\$ 0.00	1152	Alter Feline	\$ 120.00
580	(UROLOGY, 580-597)	\$ 0.00	1189	Alter rabbit	\$ 325.00
1991	* nights @ \$ per night	\$ 0.00	1187	Alter-Ferret	\$ 80.00
1993	* nights @ \$ per night +tax	\$ 0.00	2208	Aluminum Hydroxide Powder 20dram	\$ 15.00
5000	*Balance exists from	\$ 0.00	4523	Amikacin Injection Syringe <1ml	\$ 15.00
1199	*Surgery	\$ 0.00	2361	Aminophylline Tabs 100mg	\$ 15.00
99	*Write In	\$ 0.00	2207	Ammonit 500mg 1000ct	\$ 90.00
199	*Write In0	\$ 0.00	2204	Amoxi-Drops 50mg/ml 15ml	\$ 15.00
299	*Write In1	\$ 0.00	2205	Amoxi-Drops 50mg/ml 30ml	\$ 20.00
2099	*Write In10	\$ 0.00	2206	Amoxicillin Tabs 100mg	\$ 15.00
2199	*Write In11	\$ 0.00	2209	Amoxicillin Tabs 150mg	\$ 15.00
4299	*Write In12	\$ 0.00	2210	Amoxicillin Tabs 200mg	\$ 15.00
6499	*Write In14	\$ 0.00	2211	Amoxicillin Tabs 400mg	\$ 15.00
599	*Write In3	\$ 0.00	2212	Ampicilin Caps 250mg	\$ 50.00
699	*Write In4	\$ 0.00	2213	Ampicillin Caps 500mg	\$ 60.00
799	*Write In5	\$ 0.00	2754	Ampicillin w/Subactam 1.5g w/prop +inj	\$ 30.00
1599	*Write In6	\$ 0.00	691	Amputation/digit(s)	\$ 675.00
1699	*Write In7	\$ 0.00	892	Amputation/extremity	\$ 900.00
1899	*Write In8	\$ 0.00	593	Amputation/tail	\$ 400.00
1999	*Write In9	\$ 0.00	402	Amylase	\$ 40.00
1629	<Day Care-Reserved 1629-1639>	\$ 0.00	530	ANA-antinuclear antibody test	\$ 95.00
1197	<Open>	\$ 0.00	15	Anal Glands-express w/o exam	\$ 42.00
2253	<Open>0	\$ 0.00	1155	Anal Sac Resection	\$ 750.00
4103	<Open>1	\$ 0.00	827	Anal Sac(s) Abscess	\$ 285.00
3900	<PRESC. DIETS, 3900-4099>	\$ 0.00	828	Anal Sac(s) Removal	\$ 600.00
828	Abdominal Exploratory	\$ 600.00	16	Anal sac-express--nurse	\$ 30.00
1121	Abdominal Tap- Drain Fluid	\$ 150.00	202	Anal Sacs - infusion	\$ 40.00
3499	ABS Antibarking Collar	\$ 180.00	838	Anastomosis-intestinal	\$ 950.00
1091	Abscess treatment	\$ 275.00	2598	Anitmax/EnteDerm Ointment	\$ 14.00
405	accu Plex 4	\$ 43.00	3486	Anipryl 10mg/30 tablets	\$ 105.00
2452	Acepromazine Tabs 10mg	\$ 15.00	3465	Anipryl 15 mg / 30 tabs	\$ 113.00
2453	Acepromazine Tabs 25mg	\$ 15.00	3489	Anipryl 2mg/30 Tablets	\$ 98.00
521	Acetylcholine receptor test	\$ 240.00			

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

Page 1

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PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
3468	Anipryl 30 mg/30ct	\$ 115.00	403	Bilirubin (direct)	\$ 43.00
3467	Anipryl 5mg/30 tabs	\$ 100.00	404	Bilirubin (total)	\$ 43.00
10	Annual Physical Examination	\$ 68.00	829	Biopsy (gastrointestinal)	\$ 600.00
2221	Antirobe 150mg	\$ 15.00	1141	Biopsy (kidney)	\$ 375.00
2220	Antirobe Caps 75mg	\$ 15.00	895	Biopsy (muscle or bone)	\$ 150.00
1955	Apomorphine Administration	\$ 80.00	1077	Biopsy (skin)	\$ 150.00
2517	Apoquel 16 mg	\$ 15.00	1142	Biopsy (urogenital)	\$ 375.00
2515	Apoquel 3.6mg	\$ 15.00	896	Biopsy lymph node	\$ 275.00
2516	Apoquel 5.4 mg	\$ 15.00	494	Biopsy-margin evaluation	\$ 81.00
2405	Arquet tablets 20 mg	\$ 7.00	517	Biopsy-surgical margin eval.	\$ 61.00
3058	Arthogen 32 oz.	\$ 47.00	1917	Bird boarding	\$ 12.00
3105	ArthroMax for Cats 6 oz.	\$ 39.00	1627	Bird or Lab Animal Hospit.	\$ 45.00
894	Arthroscopy	\$ 500.00	2555	Bitter Apple 8 oz.	\$ 10.00
305	Artificial Insemination (comp)	\$ 150.00	557	Blood Collecting Fee	\$ 45.00
2802	Artificial Tears ointment	\$ 15.00	579	Blood crossmatch	\$ 80.00
2801	Artificial Tears Ophl Soln	\$ 15.00	276	Blood pressure measurement	\$ 45.00
513	Aspirate	\$ 32.00	714	Blood pressure monitor & IV	\$ 28.00
2509	Atopica 100mg	\$ 105.00	454	Blood Processing Fee	\$ 55.00
2506	Atopica 10mg	\$ 37.00	1619	Blood Transfusion Cat	\$ 140.00
2507	Atopica 25mg	\$ 41.00	1601	Blood Transfusion Cat-type A	\$ 255.00
2508	Atopica 50mg	\$ 84.00		bloodbank	
2514	Atopica for Cats **** 17 ML vial	\$ 108.00	1618	Blood Transfusion Dog- double unit	\$ 325.00
2512	Atopica for Cats 5 ml vial	\$ 47.00	1602	Blood Transfusion Dog- single unit	\$ 250.00
2805	Atropine Ophl Ointment 1%	\$ 32.00	578	Blood type	\$ 75.00
3418	Autologous Serum	\$ 70.00	585	Blood type and crossmatch	\$ 110.00
812	Avulsed nail/bandage - major	\$ 90.00	476	BNP Cardiac Test	\$ 115.00
810	Avulsed nail/bandage-minor	\$ 45.00	1921	Boarding Additional Day(s)	\$ 0.00
3404	B-12 Injectable 10ml syringes	\$ 20.00	9	Boarding Examination	\$ 32.00
612	B-12 (Antech 838)	\$ 72.00	1947	Boarding w/ Fluids	\$ 15.00
3403	B-12 Injectable 100ml bottle	\$ 15.00	501	Bone Marrow Exam/incl. collect	\$ 240.00
573	B12/Folate Assay (Antech 816195)	\$ 87.00	160	Bordetella-without other serv.	\$ 48.00
569	Babesia canis Mar	\$ 122.00	169	Bordetella Vaccination	\$ 38.00
3330	Bactoderm	\$ 18.00	3343	BPO-3 Medicated Shampoo	\$ 13.00
801	Bandaging - compression	\$ 32.00	2422	Bravecto > 22 - 44 # 1 dose	\$ 58.00
802	Bandaging - minor	\$ 30.00	2421	Bravecto >44 - 88 # 1 dose	\$ 58.00
803	Bandaging - moderate	\$ 40.00	2424	Bravecto >88 - 132 # 1 dose	\$ 58.00
804	Bandaging - Robert Jones	\$ 55.00	2423	Bravecto 4.4 # - 9.8# 1 dose	\$ 58.00
203	Bandaging - routine	\$ 35.00	2426	Bravecto 8.9 - 22# 1 dose	\$ 58.00
806	Bandaging - surgical extensive	\$ 55.00	627	Brucellosis Titer	\$ 85.00
514	Bartonella western blot test	\$ 62.00	438	Buffy Coat	\$ 95.00
2011	Bath - medicated more than 80#	\$ 44.00	408	BUN (azo-stix)	\$ 17.00
2000	Bath Medicated 20 lbs or less	\$ 38.00	424	BUN/Creatinine	\$ 58.00
2002	Bath Medicated 51 to 60 lbs	\$ 42.00	2707	Buprenex syringe 0.3mg/ml	\$ 4.50
2001	Bath Medicated 21 to 50 lbs	\$ 40.00	2810	Bur-Otic	\$ 9.00
2003	Bath Medicated 81 lbs or more	\$ 46.00	2811	Bur-Otic HC	\$ 10.00
2007	Bath Medicated Feline	\$ 35.00	1614	Burette	\$ 22.00
2006	Bath- boarding	\$ 24.00	2505	Butorphanol CRI	\$ 23.00
2004	Bath-Cosmetic	\$ 35.00	4618	Butterfly 21ga	\$ 2.00
2013	Bath-Dermazole shampoo	\$ 60.00	3338	C.E.T. Cat Oral Hygiene Kit	\$ 10.00
2012	Bath-hyge auffer	\$ 45.00	3337	C.E.T. Chews Canine large 30ct	\$ 19.00
2291	Baytril 22.7mg	\$ 15.00	3334	C.E.T. Chews Canine Medium	\$ 15.00
3101	Baytril Injectable	\$ 35.00	3340	C.E.T. Chews CATS 30ct	\$ 18.00
282	Baytril Injectable/ml + inj.	\$ 3.00	3339	C.E.T. Chews Petite 24ea	\$ 8.00
3103	Baytril Otic	\$ 26.00	3341	C.E.T. Chews XLG 30 ct	\$ 30.00
269	Beak and nail clip	\$ 22.00	3336	C.E.T. fingerbrush	\$ 5.00
270	Beak and wing clip	\$ 25.00	3506	C.E.T. Oral Rinse	\$ 16.00
275	Beak Clip	\$ 20.00	3333	C.E.T. Toothbrush	\$ 5.00
11	Behavior consult and exam	\$ 75.00	3335	C.E.T. Toothpaste	\$ 11.00
2406	Bene-Bac	\$ 13.00	3331	C.E.T. Dental Care Kit	\$ 14.00
3572	Benzoyl Peroxide 3% (BPO-3) Shampoo 18oz	\$ 15.00	407	Calcium	\$ 45.00
3560	Betadine solution	\$ 9.00	413	Calcium-Ionized	\$ 92.00
427	Bile Acids	\$ 81.00	415	Calcium-Ionized & PTH(S15595)	\$ 184.00
428	Bile Acids pre+post	\$ 123.00	1901	Canine boarding <25#	\$ 23.00
			1904	Canine boarding >80#	\$ 38.00

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

Page 2

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PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
1902	Canine boarding 26-60#	\$ 28.00	3920	Canine r/d dry 27.5#	\$ 71.00
1903	Canine boarding 61-90#	\$ 32.00	3918	Canine r/d dry 8.5#	\$ 27.00
1908	Canine boarding c med <25#	\$ 27.00	3954	Canine u/d dry 25#	\$ 72.00
1911	Canine boarding c med >90#	\$ 42.00	3982	Canine u/d dry 5#	\$ 20.00
1909	Canine boarding c med 26-60#	\$ 33.00	3985	Canine Treats 1 lb pouch	\$ 6.00
1910	Canine boarding c med 61-90#	\$ 37.00	3922	Canine u/d 12 can case	\$ 33.00
1923	Canine Boarding- Day Boarding	\$ 22.00	3981	Canine u/d dry 27.5#	\$ 84.00
3948	Canine c/d 12 can case	\$ 35.00	3923	Canine u/d dry 8.5#	\$ 32.00
3950	Canine c/d dry 17.6#	\$ 62.00	3924	Canine w/d 12 pk	\$ 30.00
3951	Canine c/d dry 27.5#	\$ 78.00	3928	Canine w/d dry 17.6#	\$ 50.00
3949	Canine c/d dry 8.5#	\$ 30.00	3935	Canine w/d dry 27.5#	\$ 73.00
3983	Canine C/D STEW 5.5 oz 24 cans	\$ 40.00	3925	Canine w/d dry 8.5#	\$ 27.00
3980	Canine C/D STEW case 12qty	\$ 40.00	4095	Canine W/D STEW 24 x 5.5 oz	\$ 40.00
3901	Canine d/d can case 12pk	\$ 38.00	4085	Canine W/D Stew large can 12.5oz case 12	\$ 38.00
3903	Canine d/d dry 17.6#	\$ 75.00			
3902	Canine d/d dry 8#	\$ 37.00	3916	Canine Z/D 12 can case	\$ 46.00
1919	Canine diabetic bd <25#	\$ 35.00	3932	Canine Z/D Individual can	\$ 4.00
1913	Canine diabetic bd >90#	\$ 47.00	3993	Canine z/d low allergen 25#	\$ 88.00
1920	Canine diabetic bd 26-60#	\$ 38.00	3999	Canine z/d low allergen 8#	\$ 36.00
1912	Canine diabetic bd 61-90#	\$ 42.00	3992	Canine z/d ultra 17.6#	\$ 70.00
4184	Canine Eliminator	\$ 24.00	3988	Canine z/d ultra 8#	\$ 36.00
3977	Canine g/d 12 can case	\$ 32.00	3928	Canine Z/D Ultra allergen-free 25#	\$ 88.00
3905	Canine g/d dry #8.5	\$ 31.00	3957	Canine/feline a/d canned ea	\$ 2.00
3906	Canine h/d can	\$ 31.00	3956	Canine/feline a/d case 24 cans	\$ 54.00
3908	Canine h/d dry 17.6#	\$ 60.00	3250	Capstar 2-25 Package	\$ 42.00
3961	Canine Hypoallergenic Treats	\$ 10.00	3248	Capstar 2-25 single dose	\$ 7.00
3939	Canine I/D 35#	\$ 91.00	3251	Capstar over 25# package	\$ 43.00
3909	Canine I/d case 12pk	\$ 32.00	3249	Capstar over 25# single dose	\$ 8.00
3911	Canine I/d dry 17.6#	\$ 69.00	3471	Capsule-empty gelatin	\$ 2.00
3910	Canine I/d dry 8.5#	\$ 34.00	308	Cardiopet-routine exam	\$ 95.00
4158	Canine I/D LOW FAT Restore 8.8#	\$ 34.00	309	Cardiopet-slat exam	\$ 140.00
4140	Canine I/d Lowfat GI Restore case	\$ 33.00	2352	Cardoxin .16mg/ml (red)	\$ 18.00
126	Canine Influenza Vaccine	\$ 45.00	2353	Cardoxin L/S .05mg/ml (gm)	\$ 16.00
394	Canine Influenza Titer Cornell	\$ 80.00	807	Casting - fiberglass	\$ 325.00
4111	Canine J/D 8.5#	\$ 30.00	808	Casting - Mason malleapint	\$ 200.00
3967	Canine J/D case	\$ 31.00	809	Casting - plaster	\$ 300.00
3907	Canine J/D dry 27.5#	\$ 82.00	811	Casting - Thomas splint	\$ 300.00
3912	Canine k/d 12 can case	\$ 33.00	1143	Castration, See Below	\$ 0.00
3914	Canine k/d dry 17.6#	\$ 57.00	1613	Catheter cap	\$ 4.00
3915	Canine k/d dry 35#	\$ 90.00	1628	Catheter placement-IV	\$ 50.00
3913	Canine k/d dry 8.5#	\$ 33.00	1622	Cats Hospitalization	\$ 60.00
3954	Canine K/D stew 5.5 oz 24 cans	\$ 38.00	430	CBC (complete blood count)	\$ 60.00
3904	Canine L/D 12 Can Case	\$ 35.00	418	CBC, Minichem (Attach #1242)	\$ 88.00
4079	Canine I/d dry 17.6#	\$ 65.00	421	CBC, SMA Profile	\$ 121.00
3671	Canine Metabolic # 17.6	\$ 66.00	419	CBC, SMA, UA	\$ 143.00
3673	Canine Metabolic 27.5#	\$ 78.00	2224	Cefa Tabs 50mg	\$ 15.00
3670	Canine Metabolic 6 #	\$ 22.00	2225	Cefa Tabs 100mg	\$ 15.00
3672	Canine Metabolic case 12can	\$ 35.00	2226	Cefa Tabs 200mg	\$ 15.00
3999	Canine n/d 12 can case	\$ 40.00	2241	Cefadrops 50 ml	\$ 62.00
3952	Canine Prescription Individual Can	\$ 3.00	2753	Cefotixin Bottle	\$ 30.00
3938	Canine Purina NF dry 18#	\$ 57.00	206	Centesis - abdominal	\$ 150.00
3966	Canine Purina DCO 32# dry	\$ 85.00	208	Centesis - arthro (joint)	\$ 65.00
3955	Canine Purina EN canned case	\$ 32.00	209	Centesis - percutaneous	\$ 30.00
3996	Canine Purina En formula 60 dry	\$ 23.00	210	Centesis - thoracic (chest)	\$ 155.00
4998	Canine Purina Gentle Snackers	\$ 8.00	1616	Central Ven Press. measurement	\$ 65.00
3986	Canine Purina HA dry 15.5#	\$ 67.00	3115	Centrine Tabs 0.2mg	\$ 10.00
3987	Canine Purina HA dry 32#	\$ 103.00	2277	Cephalexin CAPSULES 250mg	\$ 15.00
3937	Canine Purina NF Case 12 13.3 oz.cans	\$ 32.00	2276	Cephalexin 500mg	\$ 15.00
4996	Canine Purina OM 18#	\$ 48.00	2274	Cephalexin oral suspension 250/5ml btl.	\$ 32.00
4995	Canine Purina OM case	\$ 30.00	2247	CERENIA -16MG 4 tablet pkg	\$ 17.00
3984	Canine Purina OM dry 8#	\$ 19.00	2245	Cerenia 160 mg 4 tablet/pk	\$ 43.00
3917	Canine r/d 12 can case	\$ 30.00	2243	Cerenia 24 mg 4 tablet/pk	\$ 18.00
3919	Canine r/d dry 17.6#	\$ 49.00	2244	Cerenia 60 mg 4 tablet/pk	\$ 33.00

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Page 3

Time: 3:10:37 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
2228	Canumile	\$ 12.00	234	Cremation, Processing Fee	\$ 45.00
1161	Casarian Section	\$ 600.00	897	Cruciate Ligament Repair	\$ 700.00
971	Chalazion	\$ 160.00	868	Cryptococcus iter	\$ 122.00
2807	Chloramphen Ophl 1% 3.5mg	\$ 13.00	1143	Cryptorchid (cat)	\$ 350.00
2808	Chloramphen Ophl Soln 0.5%	\$ 16.00	1144	Cryptorchid (dog)	\$ 450.00
3884	Chloramphenicol Oph. Ointment	\$ 8.00	207	CSF Tap	\$ 300.00
2231	Chloramphenicol Tabs 50mg	\$ 16.00	388	Culture & Sens Combo Aerobic & Anaerobic	\$ 196.00
2235	Chloramphenicol Tabs 1 gm	\$ 16.00	462	Culture & Sens.-Aerobic	\$ 88.00
2232	Chloramphenicol Tabs 100mg	\$ 15.00	463	Culture & Sens.-bacterial (Urine)	\$ 88.00
2233	Chloramphenicol Tabs 250mg	\$ 15.00	467	Culture-anaerobic	\$ 116.00
2234	Chloramphenicol Tabs 500mg	\$ 12.00	469	Culture-Blood	\$ 132.00
2591	Chlorhexidern Oile Soln 4oz	\$ 12.00	478	Culture-fecal Sal.Camp.Shig.Ye	\$ 122.00
3344	Chlorhexidine Shampoo 4%	\$ 15.00	470	Culture-fungus swab (ANTECH)	\$ 68.00
2481	Chlorpheniramine Tabs 4mg	\$ 16.00	464	Culture-Ringworm DTM	\$ 105.00
391	Cholesterol	\$ 40.00	468	Culture-Salmonella/Campyl.	\$ 132.00
408	Cholinesterase	\$ 108.00	13	Cushings Disease Training	\$ 45.00
3807	Ciprofloxacin Ophthalmic Drops	\$ 29.00	3317	Cyclosporin oil 2%	\$ 44.00
3791	Cisapride 5mg	\$ 15.00	2558	Cyproheptadine 4mg.	\$ 15.00
2240	Clavamox Drops	\$ 29.00	2568	Cyproheptadine Syrup/ounce	\$ 12.00
2236	Clavamox Tabs 62.5mg	\$ 15.00	1159	Cystotomy - Cat	\$ 600.00
2237	Clavamox Tabs 125mg	\$ 15.00	1160	Cystotomy - Dog	\$ 650.00
2238	Clavamox Tabs 250mg	\$ 15.00	1163	Cystotomy/urethrotomy	\$ 900.00
2239	Clavamox Tabs 375mg	\$ 14.00	531	Cytology (in house)	\$ 38.00
2578	Clinicare Liquid case 12	\$ 55.00	602	Cytology and aspirate	\$ 81.00
2222	Clindamycin 150mg	\$ 15.00	677	Cytology-ear	\$ 35.00
2229	Clindamycin 75mg	\$ 12.00	433	D-Dimer	\$ 90.00
2223	Clindamycin Drops 25mg/per ml	\$ 12.00	122	DA2PCPV Puppy 30 day	\$ 85.00
2579	Clinicare Liquid Can	\$ 8.00	124	DA2PCPV Puppy Final 1 year	\$ 85.00
3577	Clinicare powder	\$ 8.00	120	DA2PCPV Tr. Annual Vaccination	\$ 33.00
2867	Clomicalm 20 mg bottle 30 ct	\$ 50.00	4329	DAP Collar Med-Lg.	\$ 48.00
2868	Clomicalm 5mg bottle 30 ct	\$ 44.00	4328	DAP Collar Small	\$ 42.00
2869	Clomicalm 80mg bottle 30ct	\$ 76.00	3106	Dasuquin for Cats 84cl	\$ 32.00
432	Clostridium enterotoxin	\$ 132.00	3108	Dasuquin LG. Dog 150 cl.	\$ 84.00
4325	Collar 10" and 12"	\$ 8.00	3107	Dasuquin Sen-Med Dog 150cl	\$ 82.00
4326	Collar 15" through 30"	\$ 10.00	1621	Day Patient Care	\$ 45.00
294	Colonic Flush inc. Cytology	\$ 120.00	1807	Deciduous teeth-extract 1	\$ 55.00
977	Conjunctival Flap	\$ 300.00	1808	Deciduous teeth-extract 2	\$ 80.00
235	Convenia Injection 0-10 #	\$ 65.00	1809	Deciduous teeth-extract 3	\$ 105.00
236	Convenia Injection 15.1-30#	\$ 78.00	1810	Deciduous teeth-extract 4	\$ 120.00
237	Convenia Injection 30.1-40#	\$ 88.00	800	Declaw Cat (rear)	\$ 325.00
238	Convenia Injection 40.1-50#	\$ 98.00	911	Declaw Feline (all) with alter	\$ 600.00
239	Convenia Injection 50.1-60#	\$ 108.00	898	Declaw Feline 4	\$ 475.00
240	Convenia Injection 60.1-70#	\$ 120.00	899	Declaw Feline(2)	\$ 325.00
241	Convenia Injection 70.1-80#	\$ 130.00	915	Declaw over 2 years old	\$ 450.00
292	Convenia Injection 80.1-90#	\$ 140.00	901	Declaw/Alter cat	\$ 400.00
293	Convenia Injection 90.1-100#	\$ 150.00	367	Degenerative Myelopathy- U of Missouri	\$ 120.00
626	Coombs test	\$ 108.00	2293	Deleta In January	\$ 125.00
668	Cortisol level	\$ 56.00	3510	Denamarin 225mg	\$ 52.00
471	Cortisol/creat ratio (S&I)	\$ 122.00	3511	Denamarin 425mg	\$ 80.00
523	Cortrosyn (per 0.10mg)	\$ 58.00	3509	Denamarin 90mg	\$ 35.00
3103	Cosequin DS#132	\$ 72.00	3512	Denosyl 425mg 30ct	\$ 80.00
3104	Cosequin for Cats	\$ 27.00	3503	Denosyl SD4 225mg	\$ 46.00
3102	Cosequin- small animals	\$ 56.00	3504	Denosyl SD4 90mg	\$ 34.00
545	CPK aerotogy #014	\$ 43.00	1800	Dental Cleaning	\$ 75.00
277	CPR-cardiopulmonary resusc.	\$ 275.00	1801	Dental Cleaning-	\$ 88.00
3730	CranMale 60 quantity	\$ 30.00	1802	Dental Cleaning---	\$ 105.00
410	Creatinine	\$ 50.00	1803	Dental Cleaning----	\$ 120.00
217	Cremation > 125lbs	\$ 170.00	608	Dental X-ray (>5)	\$ 105.00
212	Cremation 1-24 lbs	\$ 80.00	605	Dental X-ray (1)	\$ 55.00
218	Cremation 100-124	\$ 150.00	606	Dental X-ray (2)	\$ 65.00
213	Cremation 25 to 49 lbs	\$ 85.00	607	Dental X-ray (3-5)	\$ 85.00
214	Cremation 50 to 74 lbs	\$ 95.00	3658	Deramexx 100 mg	\$ 15.00
215	Cremation 75 to 98 pounds	\$ 120.00			
211	Cremation Services, See Below	\$ 0.00			

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Page 4

Time: 3:13:37 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
3659	Deramaxx 25mg	\$ 15.00	201	Ear flush - 2 ears	\$ 255.00
3661	Deramaxx 75mg	\$ 15.00	200	Ear flush - one ear	\$ 275.00
3766	Derm caps	\$ 15.00	481	Ear Mite Swab	\$ 30.00
3757	Derm Caps ES #60	\$ 20.00	1080	Ear Resection (bilateral)	\$ 625.00
3470	DermabenSe shampoo 12oz	\$ 19.00	1081	Ear Resection (unilateral)	\$ 800.00
3496	Dermachlor HC 8 oz.	\$ 25.00	2821	EasOtic 10 MI	\$ 36.00
3574	Dermallay Shampoo 12oz	\$ 16.00	700	ECG Monitoring Service	\$ 75.00
3564	Dermallay Spray 12oz	\$ 20.00	823	Echocardiogram	\$ 380.00
3665	Dermalyte Shampoo 12 oz	\$ 14.00	828	Echocardiogram- Dr Reid	\$ 375.00
3738	Dermoscent Spot-on 4 pipettes Cat	\$ 28.00	3701	Ectokyl 3X Shampoo	\$ 13.00
3735	Dermoscent Spot-on 4 pipettes 0-22 # Dog	\$ 28.00	437	Ehlichia canis filter	\$ 122.00
3736	Dermoscent Spot-on 4 pipettes 22-45# Dog	\$ 30.00	288	EKG-electrocardiogram	\$ 70.00
3737	Dermoscent Spot-on 4 pipettes 45-90# Dog	\$ 32.00	711	Electronic anesthesia monitor+	\$ 52.00
1188	Descent-Ferret	\$ 200.00	2296	Enalapril 10mg	\$ 15.00
902	Dewclaw Removal (puppy)	\$ 150.00	2294	Enalapril 2.5 mg	\$ 15.00
903	Dewclaw(s) & Tail(s)/Puppy	\$ 35.00	2299	Enalapril 20mg	\$ 15.00
2100	Deworming - inject. < 15 lbs	\$ 32.00	2295	Enalapril 5 mg	\$ 15.00
2103	Deworming - inject. > 60 lbs	\$ 48.00	257	Endoscopic Exam/Services	\$ 100.00
2101	Deworming - inject. 15-30 lbs	\$ 35.00	281	Endoscopy & Ultrasound-Mob.vu	\$ 800.00
2102	Deworming - inject. 31-60 lbs	\$ 40.00	280	Endoscopy-specialist/ up or low	\$ 800.00
2105	Deworming - oral	\$ 20.00	283	Endoscopy-upper and lower	\$ 1,400.00
2106	Deworming - oral (pup/kit)	\$ 6.00	218	Enema - deobstipate	\$ 185.00
2107	Deworming-oral/Office Visit	\$ 14.00	219	Enema Administration	\$ 65.00
2606	Dexamethasone ophthalmic drops	\$ 24.00	2503	Enisyl-F 100ml Pump	\$ 33.00
524	Dexamethasone Suppression test	\$ 182.00	2292	Enrofloxacin 88 mg tablets	\$ 15.00
3583	Dexamethasone tabs 0.5mg	\$ 15.00	2290	Enrofloxacin 5	\$ 15.00
3660	Dexamethasone injectable 100ml	\$ 15.00	830	Enterotomy-remove foreign body	\$ 800.00
1906	Diabetic Boarding-daily fee	\$ 6.00	973	Enucleation	\$ 600.00
951	Diaphragmatic hernia repair	\$ 900.00	440	Eosinophil Count	\$ 30.00
2587	Dibenzalene 5mg capsules	\$ 15.00	3695	Erythromycin Ophthalmic Oint.	\$ 38.00
2583	Dibenzyline 2.5mg	\$ 15.00	990	Esophagostomy tube	\$ 175.00
2825	Diclofenac Solution 2.5ml	\$ 21.00	3505	Etiogesic 150mg	\$ 15.00
3304	Dihydrostilbestrol Tabs 1mg	\$ 15.00	3498	Etiogesic 300 mg	\$ 15.00
671	Digoxin Assay	\$ 55.00	3792	Etomidate vial	\$ 39.00
2587	Digoxin tablets	\$ 15.00	4135	Euk Canine Mobility Plus #5	\$ 15.00
2585	Diliazem transdermal/syringe	\$ 7.00	4115	Euk Canine Optimun/Weight Control 15#	\$ 38.00
395	Distemper (IgG,IgM) Antech T558	\$ 113.00	4142	Euk Feline 14# Low Residue intestinal +	\$ 61.00
566	Distemper/Parvo Mer T565	\$ 108.00	4044	Euk Feline Optimum Weight Control 5#	\$ 26.00
2497	DMSO	\$ 15.00	4046	Euk K-9 Optimum Weight Control 30#	\$ 73.00
904	Docking Tail(s) (only)	\$ 30.00	4047	Euk K-9 Optimum Weight Control 5.5#	\$ 15.00
1623	Dogs < 21 lbs Hospitalization	\$ 82.00	4043	Euk Kidney-Renal Plus 15.5#	\$ 45.00
1625	Dogs > 51 lbs Hospitalization	\$ 70.00	4036	Eukanuba 14 oz individual cans	\$ 3.00
1624	Dogs 21-50 lbs Hospitalization	\$ 65.00	4021	Eukanuba FEL 6oz indivis cans	\$ 2.00
2901	Domeboros solution	\$ 4.00	4038	Eukanuba FEL Renal Plus 5.5#	\$ 29.00
3570	Douxo Shampoo 6.8 oz	\$ 23.00	4054	Eukanuba FEL Renal Plus cs 12	\$ 24.00
2702	Doxepin 10mg	\$ 15.00	4056	Eukanuba FEL Skin & Coat Plus LB cal 12	\$ 29.00
2703	Doxepin 25mg	\$ 15.00	4053	Eukanuba FELINE Urinary-a + cal 12	\$ 21.00
2704	Doxepin 50 mg	\$ 15.00	4032	Eukanuba FELINE Intestinal + 5.5#	\$ 30.00
2706	Doxepin 75mg	\$ 15.00	4050	Eukanuba FELINE Intestinal + case 12	\$ 24.00
2708	Doxitrobe application	\$ 105.00	4028	Eukanuba FELINE low pH/a ecan	\$ 2.00
3699	DOXYCYCLINE 100 mg	\$ 15.00	4029	Eukanuba FELINE mod pH/O 5.5#	\$ 25.00
3459	Drontal Plus Large > 45#	\$ 29.30	4055	Eukanuba FELINE mod pH/O cs 12	\$ 23.00
3458	Drontal Plus Medium 26-60#	\$ 18.40	4031	Eukanuba FELINE mod pH/O ea cn	\$ 2.00
3457	Drontal Plus Small 2-25#	\$ 15.00	4059	Eukanuba FELINE restr cal 18#	\$ 63.00
3805	Duragesic Pain Medication 100ug	\$ 80.00	4025	Eukanuba FELINE restr cal 4.5#	\$ 20.00
3801	Duragesic pain medication 25ug	\$ 45.00	4062	Eukanuba FELINE restr cal cs 12	\$ 22.00
3802	Duragesic pain medication 50ug	\$ 65.00	4052	Eukanuba FELINE urinary-a + low pH/a 20#	\$ 63.00
3804	Duragesic pain medication 75ug	\$ 75.00	4026	Eukanuba FELINE urinary-a + pH/a 5.5#	\$ 25.00
2892	DuralKyl Dip 4oz	\$ 12.00	4018	Eukanuba Intestinal + 30#	\$ 75.00
2086	Ear Cleaning & Nails	\$ 25.00			
496	Ear cytology slide	\$ 35.00			

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Page 5

Time: 3:13:37 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
4051	Eukanuba intestinal + case -12	\$ 30.00	1914	Feline boarding with med.	\$ 22.00
4009	Eukanuba intestinal +15#	\$ 46.00	1922	Feline Boarding- Day Boarding	\$ 15.00
4008	Eukanuba intestinal +5#	\$ 18.00	3934	Feline c/d can 5.5 oz	\$ 44.00
4034	Eukanuba intestinal +Puppy 8#	\$ 27.00	3931	Feline c/d dry 17.6#	\$ 64.00
4057	Eukanuba Maximum Calorie Case 12	\$ 27.00	3929	Feline c/d dry 4#	\$ 20.00
4007	Eukanuba resp & max cal form Ind. cans	\$ 3.00	3930	Feline c/d dry 8.5#	\$ 39.00
4005	Eukanuba response FP 15#	\$ 53.00	3989	Feline C/D stew 2.9 Oz 24 cans	\$ 34.00
4019	Eukanuba response FP 30#	\$ 93.00	4015	Feline d/d 3.5#	\$ 27.00
4004	Eukanuba response FP 8#	\$ 23.00	3032	Feline d/d 8.5#	\$ 57.00
4058	Eukanuba response FP case 12	\$ 36.00	3971	Feline d/d cans 5.5oz. 24 case	\$ 62.00
4006	Eukanuba Response KO 15#	\$ 53.00	1916	Feline diabetic boarding	\$ 35.00
4057	Eukanuba response KO 30#	\$ 93.00	3979	Feline DM case 5.5 cans	\$ 48.00
4037	Eukanuba response KO 8#	\$ 23.00	4081	Feline DM Dry 10#	\$ 50.00
4017	Eukanuba rest-cal Rewards 24oz	\$ 7.00	3986	Feline DM dry 6#	\$ 37.00
4053	Eukanuba restricted cal case 12	\$ 34.00	4183	Feline Elimn-odor	\$ 8.00
4002	Eukanuba restricted cal. 14#	\$ 36.00	4160	Feline g/d 4# dry	\$ 24.00
4003	Eukanuba restricted cal. 25#	\$ 66.00	4000	Feline g/d 5.5 ounce case	\$ 46.00
4001	Eukanuba restricted cal. 5#	\$ 15.00	3990	Feline Hills 3oz. Individual can	\$ 2.00
4041	Eukanuba Senior Plus Joint 30#	\$ 84.00	4070	Feline Hypoallergenic Treats	\$ 4.00
4040	Eukanuba Senior Plus Joint 15#	\$ 44.00	3997	Feline l/d 8.5 #	\$ 38.00
221	Euthanasia 15 lbs or less	\$ 80.00	3972	Feline l/d can 5.5 oz 24/case	\$ 42.00
222	Euthanasia 15 to 30 lbs	\$ 95.00	3973	Feline l/d dry 4#	\$ 20.00
223	Euthanasia 30 to 60 lbs	\$ 100.00	3982	Feline l/d Stew 2.9 oz 24 cans	\$ 32.00
224	Euthanasia 60 lbs & over	\$ 106.00	4156	Feline l/d stew 3oz case	\$ 32.00
225	Euthanasia Lab animal/bird	\$ 50.00	3974	Feline K/D 2.9 oz 24 cans	\$ 33.00
220	Euthanasia Services, See Below	\$ 0.00	3933	Feline k/d can 5.5 oz 24/case	\$ 45.00
1606	Extension Set	\$ 4.00	4012	Feline k/d dry 4#	\$ 24.00
1805	Extraction(s)	\$ 35.00	3940	Feline k/d dry 8.5#	\$ 43.00
1888	EXTRACTIONS ARE ADDITIONAL	\$ 0.00	4155	Feline k/d stew 3 oz case	\$ 33.00
227	Eye - tear test (Schirmer)	\$ 25.00	3975	Feline l/d can 5.5 oz 24/case	\$ 46.00
228	Eye - tonometry	\$ 35.00	3978	Feline l/d dry 4#	\$ 24.00
228	Eye-corneal staining fluoresce	\$ 25.00	533	Feline Leukemia (Elian)	\$ 57.00
976	Eye-Glennond burn keratotomy	\$ 200.00	534	Feline Leukemia (FA) Test	\$ 101.00
984	Eye-replace gland of nictitans	\$ 400.00	4023	Feline M/D 4# Dry	\$ 24.00
229	Eye-Schirm/corneal fluor.stain	\$ 40.00	3033	Feline M/D 5.5 oz. 24 cans/case	\$ 42.00
974	Eyelid Surgery/major	\$ 500.00	4022	Feline M/D dry 8.5#	\$ 45.00
976	Eyelid Surgery/major x 2	\$ 425.00	4154	Feline Metabolic 4#	\$ 23.00
978	Eyelid Tumor Removal	\$ 400.00	4146	Feline Metabolic 8.5#	\$ 41.00
2761	Eyewash	\$ 8.00	4116	Feline OM Case	\$ 41.00
2216	Famciclovir Tablet 250 mg	\$ 15.00	4083	Feline Purina EN 5.5 oz case 24	\$ 45.00
495	Fanconi Urine Test	\$ 139.00	3996	Feline Purina HA 4#	\$ 27.00
561	FAVN Rabies Antibody Titer KSU w/o ship	\$ 200.00	4072	Feline Purina NF 5.5 cans #24	\$ 45.00
3788	FaVor Feline Vitamin 60ct	\$ 16.00	4073	Feline Purina NF Dry 6#	\$ 30.00
544	Fecal alpha 1 protease inhibitor	\$ 145.00	4136	Feline Purina OM 18#	\$ 59.00
483	Fecal antech laboratory 'T805'	\$ 43.00	3965	Feline Purina OM dry 6#	\$ 25.00
498	Fecal Baerman	\$ 122.00	3960	Feline Purina UR dry 16#	\$ 80.00
497	Fecal Direct	\$ 38.00	3963	Feline Purina UR dry 6#	\$ 29.00
482	Fecal Examination	\$ 38.00	3970	Feline Purina UR ST/Ox case 5.5 cans	\$ 45.00
98	Fecal Float Neg	\$ 0.00	3034	Feline r/d 17.6# Dry	\$ 64.00
496	Fecal Pathogen (Antech caods SA350)	\$ 212.00	3983	Feline r/d canned 5.6 ounces 24/case	\$ 41.00
487	Fecal-float and glandia elisa (test 406)	\$ 52.00	3958	Feline r/d dry 4#	\$ 20.00
493	Fecal-Occult Blood	\$ 71.00	3942	Feline r/d dry 8.5#	\$ 36.00
4075	Fel IVD Pres. Diet Cans 5.5oz	\$ 2.50	4119	Feline T/D 4#	\$ 20.00
595	Fel Ser II(FIV,FelV,FIP,Toxo)	\$ 79.00	4120	Feline T/D 8.5#	\$ 38.00
3795	Felmaxazole 2.5mg	\$ 12.00	4010	Feline Tiki Cat 12can case	\$ 15.00
3794	Felmaxazole 2.5mg 100ct Bottle	\$ 25.00	4035	Feline Tiki Cat individual can	\$ 1.75
3793	Felmaxazole 5 mg 100ct Bottle	\$ 30.00	4011	Feline wild can 5.5 oz 24/case	\$ 41.00
3795	Felmaxazole 5mg	\$ 15.00	3959	Feline wild dry 17.6 #	\$ 65.00
3991	Feline 5.5 Individual can	\$ 3.00	3947	Feline wild dry 4#	\$ 20.00
4086	Feline EN 8.5#	\$ 32.00	3946	Feline wild dry 8.5#	\$ 37.00
7	Feline Adult Care Program	\$ 151.00	4121	Feline Y/D 4#	\$ 28.00
1907	Feline boarding	\$ 20.00	4141	Feline Y/D 8.5#	\$ 50.00
			4122	Feline Y/D case	\$ 54.00
			3994	Feline z/d 4#	\$ 27.00

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PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
3936	Feline xid case 5.5oz. 24/case	\$ 64.00	2488	Gentle Leader Kit	\$ 35.00
4013	Feline xid dry 8.5#	\$ 66.00	2613	Gentocin (only) Ophl Soln	\$ 14.00
3502	Felway	\$ 36.00	2614	Gentocin Durafilm Ophl Soln	\$ 9.00
3790	Felovite	\$ 7.00	2616	Gentocin Ophl Ointment	\$ 14.00
134	FelV 1year	\$ 65.00	2619	Gentocin Otic 15 ml	\$ 16.00
133	FelV 30day	\$ 65.00	2617	Gentocin Otic and DMSO	\$ 18.00
132	FelV Bi-Annual Vaccination	\$ 35.00	2616	Gentocin Otic Soln 7.5ml	\$ 14.00
905	Femoral Head Osteotomy	\$ 800.00	581	GGT/Creatinine Ratio (code T930)	\$ 00.00
1918	Ferret Boarding	\$ 33.00	603	GI (barium) Series, cat	\$ 360.00
1626	Ferret Hospitalization	\$ 60.00	604	GI (barium) Series, dog	\$ 400.00
592	Fibrinogen and D-dimer	\$ 110.00	484	Giardia Elisa	\$ 63.00
2455	Filaribits 120 mg 100 tablets	\$ 15.00	412	Glucose (sugar)	\$ 40.00
2456	Filaribits 180 mg	\$ 19.00	429	Glucose-serial exum (ANTECH)	\$ 118.00
2454	Filaribits 60 mg	\$ 15.00	430	Glucose-serial in house	\$ 18.00
575	FIP Elisa (7B) proteins	\$ 67.00	2480	Glucotest Purina Feline 1pkg	\$ 9.00
584	FIP Uter	\$ 66.00	2499	Glycoflex 250 tablets	\$ 20.00
535	FIV Test	\$ 48.00	3571	Glycoflex 600 tablets	\$ 35.00
532	FIV-Western Blot Test	\$ 200.00	2678	Goodwinol Ointment 1oz	\$ 15.00
538	FW/FelV Test	\$ 65.00	2024	Groom - therapeutic/major	\$ 40.00
4182	Flea comb	\$ 12.00	2025	Groom - therapeutic/minor	\$ 20.00
624	Flow Cytometry- CSU + ship	\$ 220.00	2023	Groom-shave all hair per hour	\$ 70.00
603	Fluid analysis & cytology	\$ 164.00	2027	Grooming by Professional	\$ 40.00
604	Fluid analysis and collection	\$ 191.00	5	Health Cert./Exam International	\$ 95.00
1604	Fluid Therap Addl Bottles	\$ 21.00	3223	Heartgard 1-25#	\$ 38.00
1608	Fluid therapy - burette	\$ 25.00	3224	Heartgard 25-50#	\$ 47.00
230	Fluid Therapy - SCIM (O.P.)	\$ 28.00	3225	Heartgard 51-100#	\$ 58.00
1603	Fluid Therapy IV First Bottle	\$ 76.00	486	Heartworm Exam (occult)	\$ 43.00
1605	Fluid Therapy-daily care	\$ 54.00	485	Heartworm Microfilaria Knotts Test T390	\$ 57.00
1617	Fluids to start on arrival at the Hosp.	\$ 0.00	97	Heartworm Neg	\$ 0.00
1610	Fluids-irrigation 500 ml bottle	\$ 10.00	492	Heartworm test - feline	\$ 79.00
3668	Forbid	\$ 6.00	231	Heartworm Tx -injection-(not inclu. med)	\$ 80.00
3731	FortiFlora	\$ 35.00	574	Helicobacter test	\$ 79.00
906	Fracture Repair/IM pinning	\$ 900.00	1079	Hematoma-Aural	\$ 325.00
907	Fracture Repair/KE apparatus	\$ 900.00	469	Hemobartonella	\$ 47.00
908	Fracture Repair/Mandibular	\$ 425.00	1021	Hernia (diaphragmatic)	\$ 900.00
472	Free T4	\$ 103.00	1022	Hernia (inguinal)	\$ 800.00
456	Fresh Frozen Plasma 1 unit	\$ 160.00	1023	Hernia (perianal)	\$ 800.00
455	Fresh Frozen Plasma Administration	\$ 80.00	1031	Hernia-Umbilical - Cat	\$ 350.00
2410	Frontline Plus Cats	\$ 51.00	1030	Hernia-Umbilical - Dog	\$ 350.00
2408	Frontline Plus dog 23 to 44 #	\$ 54.00	1029	Hernia-Umbilical w/Aster	\$ 200.00
2414	Frontline Plus dogs 45-88 #	\$ 56.00	1028	Hernia-Umbilical w/Spay	\$ 160.00
2415	Frontline Plus dogs 89-132 #	\$ 56.00	4016	Hills FelinePrescription diet cans 5.5oz.	\$ 2.00
2413	Frontline Plus dogs up to 22#	\$ 53.00	912	Hip Luxation Closed Reduction	\$ 400.00
411	Fructosamine test-diabetics	\$ 88.00	913	Hip Luxation Open Reduction	\$ 600.00
593	FSP	\$ 25.00	619	Hip X-Ray	\$ 95.00
101	Fungal Culture - Negative	\$ 0.00	605	Histopathology (biopsy)	\$ 113.00
676	Fungal Histoplasmosis Ag-Urine	\$ 262.00	608	Histopathology (skin-biopsy)	\$ 175.00
559	Fungal profile serology	\$ 111.00	499	Histopathology Lymphoma Profile VDX	\$ 350.00
129	FVRCP Kitten 30day	\$ 85.00	607	Histopathology- Biopsy extra sections	\$ 62.00
130	FVRCP Kitten Final 1year	\$ 85.00	608	Histopathology-Cornell University/Idexx	\$ 165.00
131	FVRCP Kitten Vacc. #3 of 3	\$ 85.00	2365	Hydrocodone Syrup /oz	\$ 19.00
126	FVRCP Tri-Annual Vaccination	\$ 33.00	2362	Hydroxyurea 500mg Capsules	\$ 15.00
609	FX Repair/Mandibular Symphysis	\$ 400.00	2659	Hydroxyzine 10 mg.	\$ 15.00
704	Gas anesthesia > 60 lbs	\$ 125.00	2575	Hydroxyzine 100mg	\$ 15.00
702	Gas anesthesia < 25 lbs	\$ 110.00	2580	Hydroxyzine 25 mg.	\$ 15.00
703	Gas anesthesia 26-60 lbs	\$ 115.00	2561	Hydroxyzine 50 mg.	\$ 15.00
701	Gas anesthesia-Xrays	\$ 100.00	910	Hygroma Correction/Elbow	\$ 400.00
705	Gas Anesthesia/adul hour	\$ 80.00	3555	HyLyt Spray 8 oz	\$ 15.00
831	Gastric Lavage	\$ 325.00	448	Hyperthyroid check (1135)	\$ 92.00
832	Gastric Torsion Complex	\$ 1,200.00	2361	Hyperimmune serum	\$ 150.00
833	Gastrotomy	\$ 800.00	452	I-Stat ECG blood chemistry	\$ 72.00
834	Gastrotomy Tube	\$ 380.00	1612	I.V. Adapter cap	\$ 4.00
2494	Genesis Spray	\$ 31.00			
4524	Gentamicin Inj Syringe < 1ml	\$ 8.00			

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Page 7

Time: 3:13:37 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
3597	Iodoxuridine ophthalmic sol.	\$ 32.00	4112	IVD Canine Hypo PD case	\$ 62.00
3598	Iodoxuridine Ophthalmic Oint.	\$ 40.00	4082	IVD Canine Hypo PR 17.6#	\$ 75.00
457	Immunophenotypic Staining VDX Diagnostic	\$ 240.00	4084	IVD Canine Hypo PR 7.7#	\$ 38.00
3308	Incurin 1mg/tablet 30 qty	\$ 24.00	4039	IVD Canine Hypo PV 25#	\$ 99.00
708	Injectable anesthesia - Cats	\$ 80.00	4134	IVD Canine Mod. Cat PW 7.7#	\$ 40.00
707	Injectable anesthesia - Dogs	\$ 90.00	3978	IVD Canine Prescription can	\$ 4.00
247	Injection #1	\$ 32.00	4080	IVD Canine Renal A 17.6# Dry	\$ 60.00
248	Injection #2	\$ 45.00	4030	IVD Canine Renal A 6# Dry	\$ 26.00
249	Injection #3	\$ 55.00	4087	IVD Canine Renal E Case	\$ 69.00
246	Injection - Anzemet	\$ 35.00	3945	IVD Canine Renal MP 24can/case	\$ 68.00
245	Injection - CRI Pain Medication	\$ 48.00	4118	IVD Canine S/O MODERATE cat 17.6#	\$ 59.00
285	Injection Anaks 250mg/ml +inj	\$ 8.00	4131	IVD Canine S/O MODERATE CAL 7.7#	\$ 34.00
286	Injection- Baytr 5ml + inj	\$ 3.00	4129	IVD Canine S/O MODERATE case	\$ 77.00
244	Injection- hospital treatment	\$ 12.00	4132	IVD Canine S/O REGULAR 17.6#	\$ 65.00
263	Injection- pain medication	\$ 24.00	4128	IVD Canine Sallity Support 17.6#	\$ 54.00
258	Injection-Adequan/ ml + inj fee	\$ 20.00	4086	IVD Canine Sallity Support 28.4#	\$ 72.00
287	Injection-Amik 50mg/ml +inj fee	\$ 1.25	4127	IVD Canine Sallity Support 7.7#	\$ 27.00
264	Injection-Avid FriendChip	\$ 48.00	4181	IVD Canine Sallity Support case	\$ 70.00
204	Injection-Cefatloxin bottle	\$ 14.00	4126	IVD Canine UC Low Purine 18#	\$ 61.00
252	Injection-Chloramphen/bottle	\$ 18.00	4160	IVD Canine Ultrino 19.8#	\$ 98.00
2752	Injection-Doxycycline 100 mg vial	\$ 14.00	4144	IVD canine Urinary S/O REGULAR case	\$ 74.00
253	Injection-Epogen	\$ 48.00	4137	IVD Canine Weight Control case 24	\$ 57.00
279	Injection-Hetastarch	\$ 70.00	4094	IVd Feline 2.5oz / 3oz. can	\$ 2.00
278	Injection-hypertonic saline	\$ 40.00	4078	IVD Feline PD case	\$ 67.00
288	Injection-Metronidazole/ml +inj	\$ 12.00	4124	IVD Feline GI HE case	\$ 46.00
266	Injection-Pepsid/ml + inj. fee	\$ 5.00	4125	IVD Feline GI Fiber Response 8.8#	\$ 42.00
284	Injection-Renadymil	\$ 32.00	4123	IVD Feline GI HE 8.8#	\$ 46.00
264	Injection-Shock treatment	\$ 38.00	4105	IVD Feline HP 7.7#	\$ 54.00
255	Injection-Simbadol	\$ 45.00	4066	IVD Feline Hypo Adult PV case	\$ 67.00
242	Injection-Soludelta coraf 100	\$ 32.00	4090	IVD Feline Hypo PR 8.8#	\$ 62.00
243	Injection-Soludelta coraf 500	\$ 45.00	4065	IVD Feline Hypo PV 8.8#	\$ 62.00
261	Injection-Solumedrol bottle	\$ 48.00	4078	IVD Feline Hypo PD 8.8#	\$ 62.00
287	Insulin-CRI	\$ 48.00	4088	IVd Feline Hypo PR case	\$ 67.00
637	Insulin/Glucose ratio	\$ 148.00	4117	IVD Feline MODERATE CAL S/O 3oz.	\$ 37.00
1630	Intensive care	\$ 160.00	4133	IVD Feline MODERATE CAL S/O 6.6#	\$ 37.00
635	Intestinal Anastomosis	\$ 850.00	4071	IVD Feline Prescription can 6oz	\$ 3.00
636	Intussusception	\$ 850.00	4997	IVD Feline Renal A 3 #	\$ 19.00
443	Iron Profile	\$ 80.00	4020	IVD Feline Renal A 8.6# Dry	\$ 34.00
1615	IV catheter placement	\$ 85.00	4024	IVD Feline Renal D 3.oz./24	\$ 36.00
1616	IV catheter placement	\$ 126.00	4027	IVD Feline Renal LP case 24 6oz. cans	\$ 51.00
4153	IVD Canine Ultrino 8.8#	\$ 47.00	4157	IVD Feline S/O 17.6 #	\$ 65.00
4146	IVD Canine HP Small Breed 8.8#	\$ 42.00	4143	IVD Feline S/O 3.3#	\$ 20.00
4104	IVD Canine Adult PD 17.6#	\$ 75.00	4089	IVD Feline S/O 5.8oz case 24	\$ 45.00
4130	IVD Canine Early Cardiac 17.6#	\$ 82.00	4152	IVD Feline Senior Consult 24/5.8oz case	\$ 44.00
4048	IVD Canine Gastro Low Fat LF 28.5#	\$ 78.00	4151	IVD Feline Senior Consult 7.7#	\$ 40.00
4069	IVD Canine Gastro Low Fat LF 8.6#	\$ 27.00	4159	IVd Glycobalance 17.6#	\$ 51.00
4083	IVD Canine GI Low Fat LF 17.6#	\$ 68.00	4077	IVD Treats	\$ 9.00
4091	IVD Canine GI Low Fat LF 24can/case	\$ 87.00	4139	IVD Weight Control 17.6#	\$ 49.00
4147	IVD Canine Glycobalance 7.7#	\$ 27.00	4138	IVD Weight Control 7.7#	\$ 31.00
4148	IVD Canine Glycobalance case	\$ 67.00	3803	Ivermectin 50ml	\$ 50.00
4114	IVD Canine Hepatic 26.4#	\$ 59.00	615	I/P XRay Urinary Tract, dog	\$ 615.00
4113	IVD Canine Hepatic 7.7#	\$ 35.00	614	I/P XRay-Urinary Tract, cat	\$ 615.00
4149	IVD Canine HP Case	\$ 92.00	1607	Jugular Catheter	\$ 45.00
4107	IVD Canine HP Mod. Cal 24.2#	\$ 98.00	3586	Kela Chlor Shampoo	\$ 20.00
4106	IVD Canine HP Mod. Cal 7.7#	\$ 37.00	3021	Knockout premix spray	\$ 12.00
4100	IVD Canine Hypo HP 17.6#	\$ 72.00	980	Laceration (corneal)	\$ 400.00
4101	IVD Canine Hypo HP 7.7#	\$ 35.00	1027	Laceration (intermediate)	\$ 300.00
3968	IVD Canine Hypo PD 25#	\$ 99.00	981	Laceration (lid)	\$ 350.00
3943	IVD Canine Hypo PD 7.7#	\$ 38.00	1025	Laceration (major)	\$ 400.00
4093	IVD Canine Hypo PR case	\$ 87.00	1026	Laceration (minor)	\$ 260.00
4061	IVD Canine Hypo PV 17.6#	\$ 75.00	2581	Lactulose syrup - 14 ounces	\$ 15.00
4085	IVD Canine Hypo PV 7.7#	\$ 35.00			
4064	IVD Canine Hypo PV case	\$ 87.00			

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Page 8

Time: 3:13:37 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
2584	Lactulose syrup-bottle	\$ 18.00	2268	Metronidazole 62.5 mg tablet	\$ 15.00
818	Laparotomy	\$ 800.00	2262	Metronidazole Suspension 50mg/ml per oz.	\$ 15.00
2364	Lasix 40mg	\$ 15.00	2983	MiconalHex + Triz Shampoo 8 oz.	\$ 25.00
2365	Lasix 20mg	\$ 15.00	3580	Miconazole and Synotic Suspension	\$ 40.00
2359	Lasix Tabs 12.5mg	\$ 15.00	3137	Miconazole Lotion	\$ 16.00
2360	Lasix Tabs 50mg	\$ 15.00	1130	Microchip Ident Implant.	\$ 68.00
3122	Laxalone 2.5oz	\$ 9.00	232	Microfilaria Treatment	\$ 0.00
431	Lead level-blood	\$ 143.00	422	Miniscreen Chem Panel w/o CBC	\$ 80.00
398	Lapto Blood T974	\$ 95.00	3700	MINOCYCLINE Capsules 100 mg	\$ 15.00
399	Lapto PCR Blood & Urine T976	\$ 140.00	2368	Mirtazapine 15mg	\$ 15.00
397	Lapto PCR Urine T976	\$ 95.00	2363	Mirtazapine 7.5mg	\$ 15.00
113	Leptospirosis Annual	\$ 35.00	2513	Mirtazapine 7.5mg/ml 5ML	\$ 18.00
114	Leptospirosis Vacc. #1 of 2	\$ 35.00	95	Miscellaneous Test/Treatments	\$ 0.00
115	Leptospirosis Vacc. #2 of 2	\$ 35.00	2750	Mitaban dip bottle	\$ 42.00
389	Leptospirosis Elia Idexx #3568	\$ 40.00	2051	Mitaban Dip only + mitaban bottle	\$ 70.00
539	Leptospirosis Titer-Cornell	\$ 110.00	2582	Mitox Liquid 12ml	\$ 8.00
1087	Lip Fold Correction	\$ 400.00	2820	Mometamax/Maxidex 15g	\$ 34.00
414	Lipase (pancreas)	\$ 47.00	2604	Morphine CR/day	\$ 23.00
2580	Liquiflor Ointment 10ml	\$ 10.00	2803	Mupirocin Oint. 2% 22g	\$ 20.00
837	Liver Biopsy	\$ 400.00	4188	Muzzle - extra large	\$ 13.00
710	Local Anesthesia	\$ 55.00	4186	Muzzle - small, medium, large	\$ 12.00
2869	Loperamide 2mg	\$ 8.00	3576	Mycodex Pearlescent	\$ 9.00
582	Lyme & RMSF titer-Antech381	\$ 101.00	3581	Mycodex with Ataxtrin	\$ 9.00
116	Lyme Annual Vaccination	\$ 38.00	158	Nail Clip Large Bird	\$ 22.00
475	Lyme CG 4DX. combo Idexx #2889	\$ 70.00	4181	Nail Scissors - Whites	\$ 15.00
546	Lyme IgG	\$ 85.00	1059	Nasal Flush feline	\$ 90.00
547	Lyme IgGpM	\$ 80.00	1088	Nasal Fold Excision	\$ 226.00
3608	Lyme plus dip 18oz	\$ 22.00	84	Nasal oxygen catheter	\$ 85.00
162	Lyme Series #1 w/ other vac.	\$ 38.00	982	Nasolacrimal Flush/cath	\$ 60.00
163	Lyme Series #2 w/ other vac.	\$ 38.00	1053	Nasopharyngeal Polyp Removal	\$ 300.00
117	Lyme Vacc. Series #1	\$ 80.00	50	Nassau County Rabies Vaccine 1	\$ 15.00
118	Lyme Vacc. Series #2	\$ 80.00	51	Nassau County Rabies Vaccine 2	\$ 15.00
161	Lyme Vaccination w/ other vac.	\$ 38.00	20	Nebulization-daily	\$ 48.00
554	Lyme Western Blot test	\$ 223.00	509	Necropsy Service < 30 pounds	\$ 350.00
2288	Lysodren	\$ 15.00	510	Necropsy Service 30-60 lbs	\$ 350.00
3342	MAI-A-Ket Shampoo 8 fl oz.	\$ 17.00	511	Necropsy Service 60 lbs +	\$ 350.00
2582	Malacetic Otc 8 fl oz.	\$ 21.00	4559	Needle 20ga x 1"	\$ 0.25
2600	Malaket Wipes 50ct	\$ 19.00	4558	Needles 18g x 1"	\$ 0.30
2599	Malaseb Pledgets 60 ct	\$ 18.00	4557	Needles box 18g x 1" -100	\$ 18.00
3585	Malaseb Shampoo	\$ 17.00	2824	Neo-Calglucon syrup	\$ 5.00
1089	Mass Removal-external (major)	\$ 600.00	2607	Neo-poly Gramicidin Drops 10ml	\$ 40.00
1090	Mass Removal-external (minor)	\$ 200.00	2604	Neo-Poly-Dex drops	\$ 21.00
1128	Mass Removal-internal (major)	\$ 800.00	2605	Neo-Poly-Dex Oint Dexasporin	\$ 24.00
1129	Mass Removal-internal (minor)	\$ 700.00	1168	Nephrectomy	\$ 900.00
520	Mass Cell Marker and Biopsy (AMC)	\$ 495.00	1169	Nephrotomy	\$ 800.00
519	Mass Cell Markers (AMC)	\$ 400.00	2417	Nex Gard 10.1 - 24# 3 month	\$ 62.00
1165	Mastectomy (Cat)	\$ 500.00	2418	Nex Gard 24.1-60 # 3 month	\$ 63.00
1166	Mastectomy (Dog)	\$ 650.00	2419	Nex Gard 60.1 - 121 # 3 month	\$ 64.00
564	Masticatory myositis test 1207	\$ 228.00	2416	Nex-gard 4-10 # 3 Month	\$ 62.00
3001	MCT Oil	\$ 138.00	983	Nictitans Eye Flap	\$ 110.00
2583	Medazine 25 mg.	\$ 15.00	2586	Nolvadent 1oz.	\$ 15.00
2	Medical Progress Check	\$ 50.00	3589	Nolvasan Shampoo 8 ounces	\$ 27.00
3898	Medication	\$ 0.00	3777	Nolvasan Soln 4oz.	\$ 12.00
1905	Medication Fee (1)	\$ 1.00	2489	NoSorb	\$ 4.00
3897	Medicine Administration 2x per day	\$ 22.00	3788	NutriVed	\$ 8.00
3665	Medrol 4 mg	\$ 5.50	5001	NYS Reimburse spray/haut adjust	\$ 0.00
3131	Mephyton Tablets	\$ 9.00	233	Obstetrical Assistance	\$ 350.00
3405	Meropenam 500mg/vial	\$ 31.00	6	Office visit-courtesy	\$ 0.00
2602	Metacam	\$ 32.00	3494	Ofloxacin Ophthalmic Drops	\$ 15.00
3762	Methimazole 5mg Tablets	\$ 15.00	3770	Omega Tri-V Caps Large 60ct	\$ 17.60
3778	Methimazole transdermal/syring	\$ 5.00	3764	Omega Tri-V Caps Medium 60ct	\$ 12.90
2808	Metoclopramide 10 mg	\$ 15.00	3763	Omega Tri-V Caps Small 60ct	\$ 12.00
2254	Metronidazole 250mg	\$ 15.00	3762	Omega Tri-V Liquid Box.	\$ 20.00
2265	Metronidazole 500mg	\$ 15.00			

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Page 9

Time: 3:13:37 PM

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2511	Onitor 6mg packet/3 tablets	\$ 15.00	2481	Phenobarbital Tabs 1/4gr	\$ 19.00
4099	open	\$ 0.00	2482	Phenobarbital Tabs 1/2gr	\$ 19.00
1123	Operating Room Fee	\$ 300.00	2484	Phenylbutazone Tabs 100mg	\$ 6.00
3472	Optichamber and mask	\$ 85.00	416	Phosphorus	\$ 43.00
3316	Optimmune	\$ 48.00	3787	phlydron papers - roll	\$ 13.00
3417	Optixcare	\$ 16.00	1	Physical examination	\$ 66.00
2600	Oral Cleansing Gel	\$ 15.00	3346	PhytoVel P Anti-Itch Spray	\$ 19.00
1804	Oral pro-severe tartar	\$ 135.00	4555	Pill Gun	\$ 6.00
1806	Oral Surgery (dental related)	\$ 60.00	4553	Pill Pocket Canine Small	\$ 8.00
2297	Orbax 227	\$ 15.00	4554	Pill Pocket Feline	\$ 8.00
2296	Orbax 88mg	\$ 15.00	4556	Pill Pocket Canine Large	\$ 10.00
262	Osumia Treatment 1 Tube	\$ 25.00	444	Platelet Count	\$ 36.00
2593	Oticlone 4oz	\$ 20.00	515	PLI - Canine (Idexx) (test 1849)	\$ 70.00
2818	Olomax	\$ 18.00	460	PLI test Idexx Feline test 2493	\$ 72.00
1170	Ovariohysterectomy, See Below	\$ 0.00	610	PLI - Canine/Feline snap test	\$ 66.00
3573	Oxydex HP Shampoo 8oz	\$ 10.00	271	Pluck Ears/Nails	\$ 20.00
712	Oxygen - First Hour	\$ 60.00	287	Poison Ingestion treatment	\$ 165.00
713	Oxygen additional hours	\$ 15.00	417	Potassium	\$ 40.00
2482	Oxyglobin 125 ml	\$ 210.00	2485	Potassium Bromide 10oz.	\$ 40.00
3732	Palladia 10mg / 30 ct	\$ 115.00	2486	Potassium Bromide 250mg / 60 tablets	\$ 24.00
3733	Palladia 15mg/ 30 ct	\$ 184.00	598	Potassium Bromide Level	\$ 143.00
3734	Palladia 50 mg/ 30 ct	\$ 600.00	3601	Potassium Gluconate Gel 6 oz	\$ 16.00
3460	Panacur 10 pound packet (3 per pack)	\$ 15.00	3562	Potassium Gluconate Powder (Rena Plus)	\$ 26.00
3461	Panacur 20 pounds	\$ 15.00	3567	Potassium Gluconate Tablet	\$ 15.00
3463	Panacur 40 pound packet (3 per packet)	\$ 18.00	2304	Pramoderm HC Spray	\$ 27.00
3464	Panacur liquid ounce	\$ 16.00	2709	Prazosin 0.5mg capsule	\$ 15.00
2662	Panalog Ointment 30 ml	\$ 24.00	388	Pre-op Chempenal Antech-SAB40	\$ 43.00
3134	Pancrasezyme 12 oz	\$ 175.00	445	Pregnasthetic Blood Screen In House	\$ 37.00
3133	Pancrasezyme Powder 8oz	\$ 125.00	3668	Prednisolone 3MG/ml LIQUID per oz	\$ 15.00
3500	Pannycin Aquadrops	\$ 16.00	2870	Prednisolone Acetate Drops	\$ 24.00
2601	Panalog Ointment 15ml	\$ 14.00	3662	PREDNISOLONE Tabs 5mg	\$ 15.00
538	Parathionomel/Calcium (Michigan)	\$ 110.00	3663	Prednisone Tabs 5mg	\$ 15.00
1068	Partial Laryngectomy	\$ 350.00	3664	Prednisone Tabs 20mg	\$ 15.00
541	Parvovirus Antigen	\$ 101.00	3667	Previcox 227mg	\$ 15.00
629	PCR Flea/Tick Borne Assay - Feline	\$ 180.00	3666	Previcox 67mg	\$ 15.00
390	PCR Bartonella T1316	\$ 174.00	2287	Prinor 120	\$ 15.00
628	PCR Flea/Tick Borne Assay - Canine	\$ 180.00	2282	Prinor 1200	\$ 15.00
616	PCR for FIP Antech T600	\$ 185.00	2280	Prinor 240	\$ 15.00
459	PCR GI Profile - Canine	\$ 198.00	2281	Prinor 800	\$ 15.00
451	PCR GI Profile - Feline	\$ 170.00	434	Pro BNP Test	\$ 122.00
649	PCR Hemoplasma Panel Feline T985	\$ 101.00	2672	Procrit	\$ 90.00
633	PCR Upper Respiratory Disease T-2612	\$ 160.00	302	Progesterone Test	\$ 56.00
441	PCV (hamster)	\$ 23.00	301	Progesterone Test-	\$ 65.00
442	PCV Serial	\$ 16.00	3450	Proheart > 150#	\$ 110.00
3584	Pearl Shampoo 12 oz	\$ 10.00	3230	Proheart 1-10#	\$ 34.00
916	Pectineus Myotendonectomy	\$ 250.00	3231	Proheart 10.1-20#	\$ 38.00
250	Pedicure - courtesy	\$ 0.00	3315	Proheart 100.1-150#	\$ 95.00
251	Pedicure - nail trim	\$ 15.00	3232	Proheart 20.1-30#	\$ 42.00
843	PEG tube placement	\$ 350.00	3233	Proheart 30.1-40#	\$ 46.00
2701	Pelilot	\$ 12.00	3234	proheart 40.1-50 #	\$ 50.00
2700	Percortin-V and syringes	\$ 220.00	3235	Proheart 50.1-60#	\$ 54.00
1166	Perianal adenoma	\$ 550.00	3258	Proheart 60.1-70#	\$ 58.00
1157	Perianal Adenoma/Castration	\$ 700.00	3259	Proheart 70.1-80#	\$ 62.00
3776	Pet Cat 60 Tablets	\$ 17.00	3260	Proheart 80.1-90#	\$ 61.00
4179	Pet Carrier	\$ 6.00	3261	Proheart 90.1-100#	\$ 70.00
3785	Pet-Cat 180 Tablets	\$ 45.00	3503	Proin 75mg	\$ 15.00
3784	Pet-labs #60	\$ 17.00	3604	Proin/Urillex 25mg	\$ 15.00
3789	Pet-labs Plus 60ct	\$ 21.00	3605	Proin/Urillex 50mg	\$ 15.00
3138	Pot-Tink	\$ 20.00	715	Propofol anesthetic	\$ 22.00
638	Pharyngostomy Tube Placement	\$ 120.00	473	Protein C test-Cornel U	\$ 115.00
2490	Phenobarbital 60 mg	\$ 15.00	542	Protein Electrophoresis	\$ 148.00
572	Phenobarbital level	\$ 94.00	449	Protein/Creatinine ratio (363)	\$ 95.00
			3501	Prazino	\$ 125.00

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Page 10

Time: 3:13:37 PM

PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE (Qty = 1)
2806	Psittacos serum liter	\$ 36.00	4	Shelter examination	\$ 0.00
588	PT	\$ 42.00	2500	Simplicel 100mg	\$ 15.00
593	PT, PTT (SCA2000)	\$ 88.00	2789	Simplicel 200 mg	\$ 15.00
594	PT, PTT, Plate., Fibrin, D-Dimer	\$ 166.00	488	Skin Scraping	\$ 35.00
590	PT/PTT	\$ 89.00	2242	Stentrol 20ml	\$ 55.00
425	PTH	\$ 139.00	2248	Stentrol 50ml	\$ 109.00
435	PTH- RP	\$ 191.00	420	SMA Profile (major)	\$ 103.00
589	PTT	\$ 40.00	1916	Small Animal boarding	\$ 14.00
840	Pyeloplasty	\$ 400.00	426	Sodium and Potassium	\$ 63.00
2594	Pyoben Gel 1oz	\$ 14.00	4330	Sodium Chloride 0.9 percent 1000ml bag	\$ 10.00
1174	Pyometra, canine	\$ 850.00	4188	Soft Paws Application	\$ 45.00
1176	Pyometra, feline	\$ 700.00	4187	Soft Paws Nail caps kit	\$ 14.00
274	Rabbit Teeth Clip/Nails	\$ 40.00	622	Sonogram screen	\$ 110.00
141	Rabies Vac., Canine 1yr	\$ 88.00	1184	Spay cat + Dect 4 inc pain med	\$ 675.00
142	Rabies Vac., Canine 2yr	\$ 33.00	1185	Spay cat/declaw(2)inc pain med	\$ 550.00
143	Rabies Vac., Feline 1yr	\$ 38.00	1177	Spay dog 15-30 # inc. pain med	\$ 305.00
144	Rabies Vac., Feline Kitten	\$ 90.00	1178	Spay dog 30-50 # inc. pain med	\$ 325.00
808	Radiology Consultation Specialist	\$ 105.00	1179	Spay dog 51-80# inc. pain med	\$ 340.00
802	Recheck X-ray	\$ 85.00	1180	Spay dog 80 lbs+ inc. pain med	\$ 460.00
3516	Reconcile 1 mg 30 tablets	\$ 46.00	1176	Spay dog <15 lbs inc. pain med	\$ 285.00
841	Rectal Prolapse	\$ 325.00	1181	Spay feline including pain med	\$ 285.00
2054	Remove mats (routine)	\$ 10.00	1183	Spay feline preg. inc pain med	\$ 675.00
2055	Remove mats (severe)	\$ 25.00	1182	Spay feline/heat inc. pain med	\$ 380.00
91	Reporting Fee	\$ 4.00	1195	Spay ferret	\$ 120.00
4180	Resco nail trimmer	\$ 12.00	1196	Spay mature dog-surgical fee	\$ 450.00
3497	Resicort Conditioner	\$ 30.00	1186	Spay Rabbit	\$ 400.00
448	Reticulocyte Count	\$ 47.00	286	Special Serv.-late treatment	\$ 7.00
RET	Return/Credit	\$ 0.00	864	Splenectomy	\$ 800.00
5014	Returned Check Services	\$ 30.00	3410	Staph Lysate Inj	\$ 118.00
3243	Revolution Cats 5.1-15# 6pack	\$ 105.00	1054	Stenotic Nares Repair	\$ 360.00
3252	Revolution Cats 5.1-15# 3pack	\$ 59.00	567	Stone analysis	\$ 85.00
3254	Revolution dog 10.1-20# 3pack	\$ 60.00	1609	Subcutaneous Fluids	\$ 35.00
3245	Revolution dog 10.1-20# 6pack	\$ 105.00	2493	Sucrafate tablets	\$ 15.00
3255	Revolution dog 20.1-40# 3pack	\$ 60.00	2356	Sulfasalazine	\$ 9.00
3246	Revolution dog 20.1-40# 6pack	\$ 105.00	3575	Sulfoxidex 8 ounces	\$ 14.00
3258	Revolution dog 40.1-85# 3pack	\$ 83.00	3582	SulOxyDex Shampoo 12fl oz.	\$ 18.00
3247	Revolution dog 40.1-85# 6pack	\$ 110.00	3776	Supplicel 5.0oz	\$ 7.00
3253	Revolution dog 5.1-10# 3pack	\$ 59.00	865	Surgery Dr. Sevalta/ Infirmario	\$ 800.00
3244	Revolution dog 5.1-10# 6pack	\$ 103.00	1811	Surgical tooth extract-major	\$ 300.00
3257	Revolution dog 85.1-130# 3pack	\$ 80.00	1812	Surgical tooth extract-inter	\$ 110.00
3242	Revolution pup/kitt <5# 3pack	\$ 53.00	1813	Surgical tooth extract-simple	\$ 80.00
543	Rheumatoid Factor	\$ 69.00	2822	Surotan 16ml	\$ 31.00
3657	Rimadyl 100mg	\$ 15.00	2510	Suspension, Chicken Flavored 1oz	\$ 7.00
3652	Rimadyl 100mg 180ct.	\$ 280.00	3414	Synotic (10ml) with Baytril 10(ml)	\$ 84.00
3655	Rimadyl 25mg	\$ 18.00	3411	Synotic 8 ml	\$ 25.00
3656	Rimadyl 75mg	\$ 15.00	3412	Synotic w/ 7ml enrofloxacin 100mg/ml	\$ 42.00
4327	Ringers Lactated 1000ml (bag)	\$ 10.00	4520	Syringe 6-12cc	\$ 1.00
555	Rocky Mountain Spotted Fever	\$ 57.00	2496	Syringe filled with medication	\$ 8.00
842	Salivary Mucocele	\$ 650.00	4519	Syringe tuberculin	\$ 0.50
2976	Scaliber Dog Tick collar	\$ 40.00	4517	Syringe-insulin U40 Box	\$ 24.00
01	SCHEDULE RECHECK APPT.	\$ 0.00	4521	Syringes 35-80cc	\$ 2.00
1153	Scrotal Abiation	\$ 425.00	4522	Syringes 3cc 22g or 20g	\$ 0.75
632	SDMA - Idexx	\$ 40.00	1611	T- connector	\$ 5.00
3579	Sebalyt Shampoo 8oz	\$ 12.50	552	T3	\$ 63.00
2974	Seclol Two-Way flea foam	\$ 14.00	551	T4	\$ 55.00
2875	Seclol Two-Way Pet Spry 15oz	\$ 13.00	550	T4-Post post medication (4-6 hours)	\$ 56.00
304	Semen Analysis (major)	\$ 90.00	T496		
303	Semen Analysis (minor)	\$ 45.00	2590	T8 Keto Flush	\$ 13.00
306	Semen Collection/Al	\$ 160.00	3130	Tagamet 300mg	\$ 1.30
3237	Sentinel 11 to 25#	\$ 50.00	3129	Tagamet Tabs 200mg	\$ 1.20
3267	Sentinel 11-25# single dose	\$ 9.00	260	Tear duct flush	\$ 65.00
3236	Sentinel 2 to 10#	\$ 48.80	93	Technician Overnight Sat. 5 pm on	\$ 275.00
3238	Sentinel 26 to 60#	\$ 59.00	94	Technician Overnight Service	\$ 200.00
3239	Sentinel 51 to 100#	\$ 68.00			

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Page 11

Time: 3:13:37 PM