E-156-17

Contract ID#: CQDA15000004

CLDA17000009

Contract Details

NIFS ID #: CLDA17000009



Department: District Attorney

SERVICE Veterinary Services

NIFS Entry Date: <u>04/18/17</u> Term: <u>03/01/17 -- 02/28/18</u>

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

Agency Information

Ven	dor
Name	Vendor ID#
Mid Island Animal Hospital	11-2648297
Address	. Contact Person
264 West Old Country Road	Barbara Reynolds
Hicksville, NY 11501	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 Appv'd& Fw'd	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	X	4/18/17 4/19/17	Vich and	
		Contractor Registered X	Δ	, , , , ,	Minsk	
4/14/17	ОМВ	NIFS Approval (Contractor Registered)	D	4/19/17	William Get	Yes No Not required if blanket resolution
4/21/1	County Attorney	CA RE & <u>Insurance</u> Verification	V	#127/1	1 Shington	
4/3/1	County Attorney	CA Approval as to form		4/2	11/	Yes Z No LL
 	Legislative Affairs	Fw'd Original Contract to CA		("		A CANAL SEC
	County Attorney	NIFS Approval				(2) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	Comptroller	NIFS Approval			1	
6/21/17	County Executive	Notarization Filed with Clerk of the Leg.		profit	Exp Has	Will Company



Contract Summary

Description: Th	Description: 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.					
District Attorne	y's Office.	This amendment extends the exp	oration date to Februar	y 28, 2018. Leongiet of c	anine veterinary services, which will inc	clude but not be
Purpose: The se	ervices to be	e provided by the Contractor und	rency surgery kennel (alls for both	emergencies and routine care and other	related services
to promote the	realth and w	vell-being of the dog assigned to	the District Attorney's	Office Speci	al Victims Bureau.	
to promote the i	içaitii alia v	you boing or the dog assigned to	2	armer apres		
Method of Pro	enrament.					
Sole Source due	to location	and familiarity with the dog's tr	eatment and medical h	istory.		
Joie Jouree du	, 10 100001011			,		1
Procurement F	listory:					
N/A						
						İ
Description of	General Pr	ovisions:				
This is an exten	sion of an e	xisting agreement with Mid Islan	nd Animal Hospital to	provide veter	inary services to a trained facility dog pr	reviously
donated to the I	District Atto	rney's Office. The dog's function	n is to help vulnerable	and frightene	ed victims and witnesses - particularly c	hildren – to feel
more comfortab	le discussin	ng traumatic or violent events or	experiences. The amou	nt of the orig	inal agreement was \$5,000.00 and ampl	e funding
remains from th	at amount t	to cover the term of this extension	n.			
Impact on Funding / Price Analysis:						
Impact on Fun	ding / Price	e Analysis:	undo with no goet to Ne	ggan County		
This agreement	will be fund	ded by discretionary forfeiture fu	inds with no cost to Na	ssau County.		
Change in Con	tract from	Prior Procurement:				
No change.						
110 01111110						
**		og grbreitted				
Recommendat	ion: Appro	ve as submitted.				
Advisen	nent Ir	nformation				
RUDGETC	DDES	FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
T T	GRT	Revenue Contract	XXXXXXX	1	DAGRT891AOTH/DE500	\$.01
	DA89		\$	2	The second secon	- Commercial
Advisen RUDGET & Fund: Control:	DDES GRT	FUNDING SOURCE	XXXXXXX	1		

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

DA 891A	Federal	\$
DE 500	State	\$.01
CQ	Capital	\$
· · · · · · · · · · · · · · · · · · ·	Other	\$
/AL	TOTAL	\$.01
	D	McManus
	891A DE 500 CQ	State State

LINE	INDEX/OBJECT CODE	AMOUNT
1.	DAGRT891AOTH/DE500	\$.01
2		Samo
3	The state of the s	\$
WPHOT	3. C/ Chalo 2 4/27/17	
1.3.5.1.7	Her Stephell	(BATE)
6		\$
	TOTAL	\$.01
	wer's	*24 ×

RENEW	AL .
% Increase	
% Decrease	

Dunnamed Date	R.	McM	anu
annuant Drangrad Date			

And the second section of the section	Date: 04/18/17
E	Date: <u>V4/16/17</u>

NIFS Certification	Comptroller Certification	County Executive Approvat
. 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 John Hard
Name	Name	Date 6/2/17

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 X 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: <u>03/01/17 - 02/28/18</u>
Has work or services on this contract commenced? X Yes No
If yes, please explain: Ongoing agreement - (no services provided since 03/01/17)
4. Funding Source:
General Fund (GEN) Capital Improvement Fund (CAP) Other Grant Fund (GRT) Federal % Too County %
Is the cash available for the full amount of the contract? X Yes No If not, will it require a future borrowing? Yes No
Has the County Legislature approved the borrowing?YesNo N/A
Has NIFA approved the borrowing for this contract?YesNo 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 X Yes No N/A Nassau County Committee and/or Legislature X Yes No N/A
Date of approval(s) and citation to the resolution where approval for this item was provided:
Originial 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 month
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.

Roseann	bill	4/25/17
Signature	Title	Date
Print Name		
	COMPTROLL	ER'S OFFICE
		he information listed is true and accurate and is in adget and not in conflict with the Nassau County
Regarding funding, please ch	eck the correct response	: :
I certify that the funds are	available to be encumbere	ed pending NIFA approval of this contract.
If this is a capital project:		
I certify that the bonding f	for this contract has been a	pproved by NIFA.
Budget is available and fu	nds have been encumbered	l but the project requires NIFA bonding authorization.
Signature	Title	Date
Print Name		
	NIFA	
Amount being approved by I	NIFA:	Payment is not guaranteed for any work commenced prior to this approval.
Signature	Title	Date
Drint Nama		

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

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

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 Anir	nal Hospital
CONTRACTOR ADDRESS: 264 Old Cou	ntry Road, Hicksville, NY 11801
FEDERAL TAX ID #: <u>11-26482297</u>	
<u>Instructions:</u> Please check the appropriation of the requirements of the requirements of the requirements.	9
I. □ The contract was awarded to the lower for sealed bids. The contract was awarded in [date]. The sealed bids were publicly opened on sealed bids were received and opened.	after a request for sealed bids was published
II. The contractor was selected pursuan The Contract was entered into after a written reque [date]. Potential proposers were made aware of the [newspaper advertisement, posting on website, mail- copies of the RFP. Proposals were due on	est for proposals was issued onavailability of the RFP bying, etc.]. [#] of potential proposers requested
of:	[list members]. The proposals were scored and
ranked. As a result of the scoring and ranking (attach	ned), 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

CQDA15000004 CLDA17000009

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. X 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. 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**

<u>NOTE:</u> 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



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

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.



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?
N_{0}
2. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.
The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.
The undersigned further certifies and affirms that the contribution(s) to the campaign committees
identified above were made freely and without duress, threat or any promise of a governmental
benefit or in exchange for any benefit or remuneration. Vendor: Vendor: We hell Karyed DWA
Vendor: Mitchell Kornet DWg
Dated: 3/2/17 Signed: 1/1/1/
Print Name: M. teled tones
Title:

PRINCIPAL QUESTIONNAIRE FORM

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

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

	Date of birth 3 / 4 / 15
	Home address 29 Delance fre
	City/state/zip () e (cG) W9
	Business address 264 Old Co-5 M
	City/state/zip Hicksville Wy
	Telephone (16 68 / 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 <u>\$ / 12 / \$ 7</u> 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. Sec 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 NOi f 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.	Section	ny governmental entity awarded any contracts to a business or organization listed in 5 in the past 3 years while you were a principal owner or officer? YES NO provide details.	
ope Pro	eration ovide a	affirmative answer is required below whether the sanction arose automatically, by of law, or as a result of any action taken by a government agency. detailed response to all questions checked "YES". If you need more space, photocopy oriate page and attach it to the questionnaire.	
7.	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.	bankru the pa bankru any su initiate questic	any of the businesses or organizations listed in response to Question 5 filed a aptroxy petition and/or been the subject of involuntary bankruptcy proceedings during st 7 years, and/or for any portion of the last 7 year period, been in a state of aptroxy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is chosen business now the subject of any pending bankruptcy proceedings, whenever d? If 'Yes', provide details for each such instance. (Provide a detailed response to all ons checked "YES". If you need more space, photocopy the appropriate page and it to the questionnaire.)	
	a)	Is there any felony charge pending against you? YES NO If Yes, provide details for each such charge.	
	b)	Is there any misdemeanor charge pending against you? YES NO If Yes, provide details for each such charge.	
	c)	Is there any administrative charge pending against you? YESNO If Yes, provide details for each such charge.	
	d)	In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness 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.	years, investi subject for, or respor	ition to the information provided in response to the previous questions, in the past 5 have you been the subject of a criminal investigation and/or a civil anti-trust gation by any federal, state or local prosecuting or investigative agency and/or the of an investigation where such investigation was related to activities performed at, on behalf of the submitting business entity and/or an affiliated business listed in use to Question 5? YES NO If Yes, provide details for each such gation.
10.	listed i anti-tru includi princip	ition to the information provided, in the past 5 years has any business or organization n response to Question 5, been the subject of a criminal investigation and/or a civil ust investigation and/or any other type of investigation by any government agency, ng but not limited to federal, state, and local regulatory agencies while you were a leal owner or officer? YES NO If Yes; provide details for each such gation.
11.	respor proces	past 5 years, have you or this business, or any other affiliated business listed in use to Question 5 had any sanction imposed as a result of judicial or administrative edings with respect to any professional license held? YES NO If Yes; e details for each such instance.
12.	applica	e past 5 tax years, have you failed to file any required tax returns or failed to pay any able federal, state or local taxes or other assessed charges, including but not limited er and sewer charges? YES NO If Yes, provide details for each such

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRACONNECTION WITH THIS QUESTIONNAIRE MAY RESULT SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT FALSE STATEMENT TO CRIMINAL CHARGES.	_T IN RENDERING THE ITH RESPECT TO THE PRESENT
the items contained in the foregoing pages of this questionn attachments; that I supplied full and complete answers to eaknowledge, information and belief; that I will notify the Councircumstances occurring after the submission of this question the contract; and that all information supplied by me is true information and belief. I understand that the County will rely questionnaire as additional inducement to enter into a contractive.	ach item therein to the best of my ty in writing of any change in annaire and before the execution of to the best of my knowledge, on the information supplied in this
Sworn to before me this 19 day of April	2017
Muchele Scaraggio Notary Public	MICHELE A. SCARAZZINI NOTARY PUBLIC-STATE OF NEW YORK No. D1SC6106842 Qualified in Nassau County My Complision Expires March 15, 2020
Name of submitting business:	A Arrive Hospith
By: Mitchell Kornet Brintname Signature	
Tille Ourse	
4,19,17 Date	



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

June 16, 2017

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

Business History Form

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

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

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

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

Da	ate: <u>06/02/17</u>
1)	Proposer's Legal Name: Mid island Animal Hospital LLC
2)	Address of Place of Business: 264 Old Country Rd., Hicksville, NY 11801
Lis	at all other business addresses used within last five years: NONE
3)	Mailing Address (if different):
Ph	one : <u>516-681-5477</u>
Do	es the business own or rent its facilities? Own
4)	Dun and Bradstreet number:
5)	Federal I.D. Number: <u>11-2648297</u>
6)	The proposer is a (check one): Sole Proprietorship Partnership Corporation X Other (Describe) LLC
7)	Does this business share office space, staff, or equipment expenses with any other business? Yes No X
8)	Does this business control one or more other businesses? Yes No X If Yes, please provide details:

9) Does this business by, any other business? Y	s have one or more affiliates, and/or is it a subsidiary of, or controlled /es No X If Yes, provide details.
Nassau County or any oth- name of bonding agency,	ever had a bond or surety cancelled or forfeited, or a contract with er government entity terminated? Yes No \underline{X} if Yes, state the (if a bond), date, amount of bond and reason for such cancellation or ling the termination (if a contract).
11) Has the proposer, of Yes, state date, court jur	during the past seven years, been declared bankrupt? Yes No ≥ isdiction, amount of liabilities and amount of assets
any affiliated business, beg investigation by any federa past 5 years, have any owi criminal investigation and/o prosecuting or investigative at, for, or on behalf of an a	rs, has this business and/or any of its owners and/or officers and/or en the subject of a criminal investigation and/or a civil anti-trust al, state or local prosecuting or investigative agency? And/or, in the ner and/or officer of any affiliated business been the subject of a or a civil anti-trust investigation by any federal, state or local agency, where such investigation was related to activities performed filliated business. s, provide details for each such investigation.
affiliated business been the not limited to federal, state owner and/or officer of an a government agency, includ matters pertaining to that in	has this business and/or any of its owners and/or officers and/or any e subject of an investigation by any government agency, including but and local regulatory agencies? And/or, in the past 5 years, has any affiliated business been the subject of an investigation by any ling but not limited to federal, state and local regulatory agencies, for adividual's position at or relationship to an affiliated business. Yes
ousiness had, either before he charges pertained to ev	former director, owner or officer or managerial employee of this or during such person's employment, or since such employment if rents that allegedly occurred during the time of employment by the degedly related to the conduct of that business:
a) Any felon such cha	rge.
	emeanor charge pending? Yes No X If Yes, provide details such charge.
and/or an	st 10 years, you been convicted, after trial or by plea, of any felony by other crime, an element of which relates to truthfulness or the g facts of which related to the conduct of business? Yes No X

	 d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor? Yes No X If Yes, provide details for each such conviction.
	e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? Yes No X If Yes, provide details for each Such occurrence.
affiliated busi	past (5) years, has this business or any of its owners or officers, or any other iness had any sanction imposed as a result of judicial or administrative proceedings to any professional license held? Yes $\underline{\hspace{1cm}}$ No \underline{X}
failed to pay a not limited to year. Provide	he past (5) tax years, has this business falled to file any required tax returns or any applicable federal, state or local taxes or other assessed charges, including but water and sewer charges? Yes $\underline{}$ No \underline{X} If Yes, provide details for each such a detailed response to all questions checked 'YES'. If you need more space, appropriate page and attach it to the questionnaire.
Provide a deta photocopy the	ailed response to all questions checked "YES". If you need more space, appropriate page and attach it to the questionnaire.
,	ct of Interest: 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 CONLICT 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
	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 Long Island Animal Hospital
Contact Person Adam Krawczyk, DVM
Address 798 Old Country Rd.
City/State Westbury, NY 11590
Telephone (<u>516) 333-0400</u>
Fax #
E-Mail Address
Company <u>Central Animal Hospital</u>
Company <u>Central Animal Hospital</u>
Company <u>Central Animal Hospital</u> Contact Person <u>Michael Woltz, DVM</u>
Company <u>Central Animal Hospital</u> Contact Person <u>Michael Woltz, DVM</u> Address <u>317 Ardly Rd.</u>
Company <u>Central Animal Hospital</u> Contact Person <u>Michael Woltz, DVM</u> Address <u>317 Ardly Rd.</u> City/State <u>Scarsdale, NY 10583</u>

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, Dym, 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 I day of June Mulle Scaragaii Notary Public Name of submitting business: Mid Island Animal Hos By: M. Hall Kornef DVM Iname J. J. DVM Title	MICHELE A. SCARAZZINI NOTARY PUBLIC-STATE OF NEW YORK
G / T / / 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/oaa/mitchell-kornet/)

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

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

train, and some have even joined our staff. One of my passions is inspiring and mentoring students interested in veterinary medicine. My support of students has been recognized in Veterinary Legacy, a blog written by Dean Emeritus Donald Smith of Cornell University. The blog describes my path to becoming a veterinarian and my involvement with students

(http://veterinarylegacy.blogspot.com/2011/10/dr-mitch-kornet-and-tradition-of.html)

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

COUNTY OF NASSAU

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

1. Name of the Entity: Mid Is) and Anima) Hospital 40
Address: 264 W. Old Country Road
City, State and Zip Code: Hazzaville Ny 11801
2. Entity's Vendor Identification Number:
3. Type of Business:Public CorpPartnershipJoint Venture
Ltd. Liability CoClosely Held CorpOther (specify)
4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):
Hicksville My 11841
5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section. M. Hold Karaet Dym
Haksule of 11801
Hicksule My 11801

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

Page 3 of 4

(b) Describe lobbying activity of each lobbyist. See description of lobbying activities.	below for a complete
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(c) List whether and where the person/organization Nassau County, New York State):	is registered as a lobbyist (e.g.,
8. VERIFICATION: This section must be signed by a princontractor or Vendor authorized as a signatory of the firm to	
The undersigned affirms and so swears that he/she has reac statements and they are, to his/her knowledge, true and acc	
Dated: 339/7 Signed: 10	MAPPE
Print Name:	1. FileOpkornet
Title:	Inery

AMENDMENT NO. 2

AMENDMENT (together with any appendices or exhibits hereto, this "<u>Amendment</u>"), between (<u>i</u>) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "<u>County</u>"), 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 (<u>ii</u>) **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. <u>Payment</u>. (a) <u>Amount of Consideration</u>. 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. <u>Full Force and Effect</u>. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

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:

Title:

Date:

320/7

NASSAU COUNTY

By:

Name:

Title:

County Executive

☐ Deputy County Executive

Date:_____

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

STATE OF NEW YORK)	
)ss.: COUNTY OF NASSAU)	
and which executed the above insti	in the year 2017 before me personally came personally known, who, being by me duly sworn, did depose nty of MASOUL; that he or she is the stand Consult for the corporation described herein rument; and that she signed her name thereto by authority of the standard for the signed herein the signed herein the signed herein the standard for the signed herein the signed herei
STATE OF NEW YORK)	
)ss.: COUNTY OF NASSAU)	
and say that he resides in the Count of the County of Nassau, the munic	in the year 2017 before me personally came personally known, who, being by me duly sworn, did depose ty of; that he is a Deputy County Executive cipal corporation described herein and which executed the ed his name thereto pursuant to Section 205 of the County y.

NOTARY PUBLIC

APPENDIX A-2

Mid Island Animal Hospital

Price Listing

Tuesday, March 28, 2017

PRODUCT	PRODUCT				JCT	PRODUCT	DEF	. PRICE
<u>ID</u>	DESCRIPTION		<i>(</i> = 1)	<u>ID</u>		DESCRIPTION	(Qty	= 1)
	(BANDAGES & CASTS, 800-824)	\$	0.00	*	631	ACTH Resp. 4 hrs & 5 hrs Post	\$	156.00
	(BLOOD CHEMISTRY, 400-435)	\$	0.00			Trilostane		
1900	(BOARDING FEES, 1900-1920)	\$	0.00			ACTH response test	\$	94.00
1620	(DAILY CARE FEES, 1620-1639)	\$	0.00			ACTH response test	\$	156.00
1600	(FLUID THERAPY, 1600-1619)	\$	0.00			Adams Flea Dip 4oz	\$	13.00
	(FLUIDS, 4301-4399)	\$	0.00			Adams Flea Off Dust II 3oz	\$	9.00
	(GASTROINTESTINAL, 825-859)	\$	0.00			Adams Flea Off Mist 16oz	\$	14.00
436	(HEMATOLOGY, 436-460)	\$	0.00	1	659	Additional Injections	\$	12.00
	(HEMATOPOETIC, 860-889)	\$	0.00	2	357	Adequan per vial	\$	118.00
4500	(HOSP/GEN.MED SUP, 4500-4649)	\$	0.00	2	2200	Aerokat	\$	80.00
1640	(HOSPITAL INJECT., 1640-1659)	\$	0.00		8	After Hours Exam	\$	115.00
	(INTEGUMENT/EAR, 1076-1119)	\$	0.00	2	215	Albon 500mg	\$	15.00
	(INVENTORY, 4300-4999)	\$	0.00			Albon Liquid/oz	\$ \$ \$	18.00
	(LABORATORY SUP., 4650-4799)	\$	0.00	2	201	Albon tabs 250mg	\$	15.00
	(MAINT/WARD SUP., 4400-4499)	\$	0.00			Albumin	\$	47.00
	(MICROBIOLOGY, 461-479)	\$	0.00		392	Aldosterone Base Level	\$	142,00
	(MUSCULOSKELETAL, 890-949)	\$	0.00		401	Alkaline Phosphatase	\$	48.00
	(NEUROLOGICAL, 950-989)	\$	0.00	2		Allerderm Spot On	\$	39.00
4800	(OFFICE/COMPUTER, 4800-4899)	\$	0.00		525	Allergy TestingIgE	\$	175.00
970	(OPHTHALMIC, 970-1019)	\$	0.00	3	563	Allerseb-T shampoo 8 oz.	\$	12.00
480	(PARASITOLOGY, 480-499)	\$	0.00			Alpha Track 2 Glucose Meter	\$	125.00
500	(PATHOLOGY, 500-519)	\$	0.00		89	AlphaTrack 2 Lancets 100/bx	\$	25.00
6000	(PRO.SERWAVIAN+, 6000-6099)	\$	0.00			AlphaTrack 2 Test Strips 50/bx	\$	65.00
4900	(RADIOLOGY SUP., 4900-4999)	\$	0,00	1		Alter dog 15-30#	\$	275.00
1020	(RECONSTRUCTIVE, 1020-1049)	\$ \$	0.00	1	160	Alter dog 30-60#	\$	300.00
	(RESPIRATORY, 1050-1074)	\$	0.00			Alter dog 60#	\$ \$	325.00
	(SPECIAL/MISC., 1120-1139)	\$	0.00			Alter dog< 15#	\$	260.00
570	(TOXICOLOGY, 570-579)		0.00			Alter Feline	\$	120.00
	(UROGENITAL, 1140-1197)	\$	0.00			Alter rabbit	\$	325.00
580	(UROLOGY, 580-597)	\$	0.00			Alter-Ferret	Š	80.00
1991	*_ nights @ \$ per night *_ nights @\$ per night +tax	\$	0.00			Aluminum Hydroxide Powder 20dram	\$	15.00
1990	* nights @\$ per night +tax	\$	0.00	4	523	Amikacin Injection Syringe <1ml	\$	15.00
5000	*Balance exists from	\$	0.00			Aminophylline Tabs 100mg	\$	15.00
1199	*Surgery	\$	0.00			Ammonii 500mg 1000ct	\$	90.00
99	*write in	\$	0.00			Amoxi-Drops 50mg/ml 15ml	\$	15.00
199	*Write In0	\$	0.00			Amoxi-Drops 50mg/ml 30ml	\$	20.00
	*Write In1	\$	0.00			Amoxicillin Tabs 100mg	Š	15.00
2099	*Write In10	\$	0.00			Amoxicillin Tabs 150mg	\$ \$	15.00
2199	*Write In11	\$	0.00			Amoxicillin Tabs 200mg	\$	15.00
4299	*Write In12	\$	0.00			Amoxicillin Tabs 400mg	\$ \$	15.00
6499	*Write In14	\$	0.00			Amplellin Caps 250mg	\$	50.00
599	*Write In3	\$	0.00			Ampicillin Caps 500mg	\$	60.00
699	*Write In4	Š	0.00			Ampicillin w/Sulbactam 1.5g w/prep	\$	30.00
	*Write In5	Š	0.00	_		+lnj	*	00.00
1599	*Write In6	Ś	0.00		891	Amang danklass faltaclida's	\$	575.00
	*Write In7	****************	0.00		892	Amputation/extremity Amoutation/tall	\$	900.00
	*Write In8	Š	0.00		893	Amputation/tall	\$	400.00
	*Write In9	Š	0,00			Amylase	\$	48.00
	<day 1629-1639="" care-reserved=""></day>	Š	0.00			ANA-antinuclear antibody test	\$	99.00
	<open></open>	\$ \$	0.00		15	Anal Glands-express w/o exam	\$	42.00
	<open>0</open>	Š	0.00	1	155	Anal Sac Resection	\$	750.00
	<open>1</open>	Š	0.00	•		Anal Sac(s) Abscess	\$	285.00
	<presc, 3900-4099="" diets,=""></presc,>	\$	0.00			Anal Sac(s) Removal	\$	600.00
	Abdominal Exploratory	Ś	600.00			Anal sac-expressnurse	\$	30.00
	Abdominal Tap- Drain Fluid	\$	150.00			Anal Sacs - Infusion	\$	52.00
	ABS Antibarking Collar	\$ \$ \$ \$ \$ \$ \$	180,00			Anastamosis-intestinal	\$	950.00
	Abscess treatment	Š	275.00	7		Animax/EnteDerm Ointment	Š	14.00
	accu Plex 4	\$	52.00			Anipryl 10mg/30 tablets	\$ \$	105.00
	Acepromazine Tabs 10mg	\$	15.00			Anipryl 15 mg / 30 tabs	\$	113.00
	Acepromazine Tebs 25mg	Š	15.00	3	469	Anipryl 2mg/30 Tablets	\$	98.00
	Acetylcholine receptor test	\$	260.00			Anipryl 30 mg/30ct	\$	115.00
	ACTH Resp. 4 hrs & 5 hrs Post	Š	94.00			Anipryl 5mg/30 labs	\$	100.00
	Trilostane	•	,	_		Annual Physical Examination	\$	68.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2		Antirobe 150mg	\$	15,00
				_			*	. 5,00

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

Page 1

PRODUC ID	T PRODUCT DESCRIPTION		F. PRICE y = 1)	PRODUCT ID	PRODUCT DESCRIPTION		F. PRICE y = 1)
	20 Antirobe Caps 75mg	— <u>1×</u>	15.00		Blopsy (muscle or bone)	(ui	150.00
	55 Apomorhine Administration	š	80.00		Biopsy (skin)	\$	160.00
	17 Apoquel 16 mg	Š	15.00		Biopsy (urogenital)	š	375.00
	15 Apoquel 3.6mg	\$	15.00		Blopsy lymph node	\$	275.00
	16 Apoquel 5.4 mg	\$	15.00		Biopsy-margin evaluation	\$	B1.00
	05 Arquel tablets 20 mg	\$	7.00		Biopsy-surgical margin eval.	Š	81.00
	98 Arthogen 32 oz.	\$	47.00		Bird boarding	***	15.00
	05 ArthriMax for Cats 6 oz.	\$	39.00		Bird or Lab Animal Hospit.	Š	45.00
8	94 Arthrotomy	\$	500.00		Bitter Apple 8 oz.	Š	10.00
3	05 Artificial Insemination (comp)	\$	200.00		Blood Collecting Fee	\$	50.00
	02 Artificial Tears cintment	\$	15.00		Blood crossmatch	\$	80.00
28	01 Artificial Tears Opht Soln	\$	15.00		Blood pressure measurement	\$	45.00
5	13 Aspirate	\$	38.00		Blood pressure monitor & IV	\$	28.00
25	09 Atopica 100mg	\$ \$ \$	105.00		Blood Processing Fee	\$	55.00
25	06 Atopica 10mg	\$	37.00		Blood Transfusion Cat	\$	140.00
	07 Atopica 25mg	\$	41.00		Blood Transfusion Cat-type A	\$	295.00
25	08 Atopica 50mg	\$ \$ \$ \$ \$	64.00		bloodbank	•	
25	14 Atopica for Cats **** 17 ML vial	\$	108.00	1618	Blood Transfusion Dog-double unit	\$	325.00
	12 Atopica for Cats 5 ml viai	\$	47.00		Blood Transfusion Dog- single unit	\$	250.00
	05 Atropine Opth Ointment 1%	\$	32.00	578	Blood type	\$	75.00
34	18 Autologous Serum	\$	70.00	585	Blood type and crossmatch	Š	110.00
	2 Avulsed nall/bandage - major	\$	90.00	476	BNP Cardiac Test	š	130.00
	IO Avulsed nall/bandage-minor	\$	45.00		Boarding Additional Day(s)	\$	0.00
	04 B 12 Injectable 10ml w/syringes	\$	20.00		Boarding Examination	\$	32.00
	12 B-12 (Antech 838)	\$	81.00		Boarding w/ Fluids	\$	22.00
	3 B-12 injectable 100ml bottle	\$	15.00		Bone Marrow Exam/incl. collect	\$	295.00
	3 B12/Folate Assay (Antech S16195)	\$	96.00		Bordatella-without other serv.	\$	48.00
	69 Babesia canis titer	\$	122.00		Bordetella Vaccination	\$	40.00
33	30 Bactoderm	\$	18.00		BPO-3 Medicated Shampoo	\$	13.00
	1 Bandaging - compression	Š	32.00		Bravecto > 22 - 44 # 1 dose	\$	58.00
	2 Bandaging - minor	\$	30.00		Bravecto >44 - 88 # 1 dose	\$	58.00
8	3 Bandaging - moderate	\$	40.00		Bravecto >88 -123 # 1 dose	\$	5B.00
8	14 Bandaging - Robert Jones		55.00		Bravecto 4.4 # - 9.9# 1 dose	\$	58.00
	03 Bandaging - routine	Š	35.00		Bravecto 9.9 - 22# 1 dose	\$	6B.00
	05 Bandaging - surgical extensive	***	55.00		Brucellosis Titer	\$	95.00
	4 Bartonella western blot test	Š	52.00		Buffy Coat	\$	95.00
20	1 Bath - medicated more than 80#	Š	48.00		BUN (azo-stix)	\$	26.00
20	00 Bath Medicated 20 lbs or less	Š	40.00		BUN/Creatinine	\$	6B.00
20	2 Bath Medicated 51 to 80 lbs	\$	44.00		Buprenex syringe 0.3mg/ml	\$	4.50
200	11 Bath Medicated 21 to 50 lbs	\$	42.00		Bur-Otic	š	9.00
200	3 Bath Medicated 81 lbs or more	\$	48.00		Bur-Otic HC	. \$	10.00
200	7 Bath Medicated Feline	\$	38.00		Buretle	Š	22.00
	95 Bath- boarding	Š	28.00		Bulorphanol CRI	š	23.00
	04 Bath-Cosmetic	\$	38.00	4610	Bullodly 24aa	š	2.00
	3 Bath-Dermazole shampoo	****	60.00	3338	C.E.T. Cat Oral Hygiene Kit	\$	10.00
	2 Bath-lyme sulfer	\$	45.00	3337	C.E.T. Chews Canine large 30ct	\$	24.00
	11 Baytrii 22.7mg	\$	15.00	3334	C.E.T. Chews Canine Medium	\$	19.00
	11 Baytril Injectable	Ś	35.00		C.E.T. Chews CATS 30cl.	\$	18.00
20	2 Baytril injectable/ml + inj.	\$	3.00		C.E.T. Chews Petite 24ea	Š	14.00
	3 Baytril Otic	\$	26.00		C.E.T. Chews XLG 30 ct	\$	30.00
	9 Beak and nail clip	Š	22.00		C.E.T. fingerbrush	\$	5.00
	0 Beak and wing clip	\$	25.00		C.E.T. Oral Rinse	\$	16.00
	'5 Beak Clip	\$	20.00		C.E.T. Toothbrush	\$	5.00
	1 Behavior consult and exam	\$	75.00		C.E.T. Toothpaste	\$	11.00
240	6 Bene-Bac	\$	13.00		C.E.T.Dental Care Kit	\$	14.00
	2 Benzoyl Peroxide 3% (BPO-	\$	15.0D		Cadi 10.1-20	\$	77.00
	3)Shampoo 16oz	-			Cadi 20.1-30	\$	82.00
356	D Betadine solution	\$	9.00		Cadl 30.1-40	\$	87.00
	7 Ble Acids	\$	96.00		Cadi 40.1-50	\$	102.00
	8 Blle Acids pre+post	\$	136.00		Cadi 5- 10#	\$	70.00
	3 Billrubin (direct)	\$	49,00		Cadi 50.1-60	\$	110.00
	4 Billrubin (total)	\$	49.00		Cadi 60.1-70	\$	115.00
82	9 Biopsy (gastrointestinal)	\$	600.00		Cadi 70.1-80	\$	120.00
114	1 Biopsy (kidney)	Š	375.00		Cadi 80.1-90	\$	128.00
1 14	r Diobay (kinush)	Þ	379.00	4339	Cadi 60.1-90	\$	128

DEF. PRICE includes Pkg Fee, Min Price, and Round Off Page 2 * = Price of item when used as bundle

PRODUCT				PRODUCT			. PRICE
<u>ID</u>	DESCRIPTION	(Qt	y == 1)	<u>ID</u>	DESCRIPTION	(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		Canine Purina Gentie Snackers	Ś	B.00
	Calcium-ionized & PTH(S16595)	\$	210.00		Canine Purina HA dry 16.5#	\$	70.00
	Canine boarding <25#	\$	25.00		Canine Purina HA dry 25#	Š	92.00
	Canine boarding >90#	\$	42.00		Canine Purina NF Case 12 13.3	\$	33.00
	Canine boarding 26-60#	\$	30.00	3301	OZ.CANS	Φ	33.00
		Φ.		4000	Canine Purina OM 18#		CO 00
	Canine boarding 61-90#	\$ \$	35.00			\$	53.00
	Canine boarding c med <25#	\$	29.00		Canine Purina OM case	\$	32.00
	Canine boarding c med >90#	\$ \$ \$	45.00		Canine Purina OM dry 6#	\$	21.00
	Canine boarding c med 26-60#	\$	35.00		Canine r/d 12 can case	\$	33.00
1910	Canine boarding c med 61-90#	\$	40.00	3919	Canine r/d dry 17.6#	\$ \$	52.00
1923	Canine Boarding- Day Boarding	\$	22.00	3920	Canine r/d dry 27.5#	\$	75.00
	Canine c/d 12 can case	\$	37.00		Canine r/d dry 8.5#	\$	29.00
	Canine c/d dry 17.6#	\$	66.00		Canine s/d 12qty 13oz case	\$	37.00
	Canine c/d dry 27.5#	ě	79.00		Canine Vd dry 25#	Š	79.00
	Canine c/d dry 8.5#	\$ \$	31.00			\$	
		Đ.			Canine t/d dry 5#		21.00
	Canine C/D STEW 5.6 oz 24 cans	Þ	44.00		Canine Treats 1 lb pouch	\$	6.00
	Canine C/D STEW case 12qty	25	39.00		Canine u/d 12 can case	\$	36.00
3901	Canine d/d can case 12pk	\$	42,00	3981	Canine u/d dry 27.5#	\$	86.00
3903	Canine d/d dry 17.6#	\$ \$ \$	78.00	3923	Canine u/d dry 8.5#	\$	33.00
3902	Canine d/d dry 8#	\$	39.00	3924	Canine w/d 12 pk	\$	33.00
	Canine diabetic bd <25#	\$	40.00		Canine w/d dry 17.6#	\$	53.00
	Canine diabetic bd >90#	\$	52.00		Canine w/d dry 27.5#	\$	77.00
	Canine diabetic bd 26-60#	\$	43.00		Canine w/d dry 8.5#	Š	29.00
	Canine diabetic bd 61-90#	\$					
		Ð	45.00		Canine W/D STEW 24 x 5.5 oz	\$	41.00
	Canine Elimin-cdor	\$ \$	24.00	4085	Canine W/D Stew large can 12.5oz	\$	37.00
	Canine g/d 12 can case	ş	34.00		case 12		
	Canine g/d dry #8.5	\$	34.00		Canine Z/D 12 can 13.oz case	\$	49,00
	Canine h/d can	\$	33.00	3992	Canine z/d 17.6#	\$	75.00
3908	Canine h/d dry 17.6#	\$	64.00	3928	Canine Z/D 25#	\$	95.00
3014	Canine hills stew 5.5 oz individual can	\$	2.00	3989	Canine z/d 5.5 oz case 24	Ś	49.00
	Canine Hypoaliergenic or	\$	11.00		Canine z/d 8#	Š	38,00
	MetabolicTreats	•	11100		Canine Z/D Individual can	Š	4.00
	Canine I/D 27.5#	\$	85.00		Canine/feline a/d canned ea	Š	2.00
	Canine i/d case 12pk	\$	34,00		Canine/feline a/d case 24 cans	\$	
							58.00
	Canine i/d dry 17.6#	\$	60.00		Capstar 2-25 Package	\$	42.00
	Canine I/d dry 8.5#	\$	36.00		Capstar 2-25 single dose	\$	7.00
	Canine I/D LOW FAT restore 8.8#	\$	35.00		Capstar over 25# package	\$	43,00
4067	Canine I/D Low Fat STEW 24 - 5.5oz	\$	41.00	3249	Capstar over 25# single dose	\$	8.00
	Case			3471	Capsule-empty gelatin	\$	2.00
4140	Canine i/d Lowfat GI Restore case	\$	34.00	308	Cardiopet-routine exam	\$	95.00
4164	Canine I/d Stew 12.5 oz can case	\$	38.00		Cardiopet-stat exam	\$	140.00
4163	Canine I/d stew REGULAR 5.5 pz.	\$	41.00		Cardoxin .15mg/ml (red)	\$	18.00
	Canine Influenza Vaccine	\$	45,00		Cardoxin L/S .05mg/ml (grn)	\$	18.00
	Canine Infuenza Titer Cornell	\$	88.00	200	Casting - fiberglass	\$	325.00
	Canine J/D 8.5#	ė	32.00	900	Casting Meson motsorint	\$	
		\$			Casting - Mason metaspfint		200.00
	Canine J/D case	Ď.	33.00		Casting - plaster	\$	300.00
	Canine J/D dry 27.5#	\$	86.00		Casting - Thomas splint	\$	300.00
	Canine k/d 12 can case	\$	35.00		Castration, See Below	\$	0.00
	Canine k/d dry 17.6#	\$	63.00		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
	Canine K/D stew 5.5 oz. 24 cann	\$	41.00		CBC (complete blood count)	\$	68.00
	Canine L/D 12 Can Case	\$	38.00		CBC, SMA Profile	\$	130.00
	Canine I/d dry 17.6#	\$	71.00		CBC, SMA, UA	\$	152.00
	Canine Metabolic # 17.6	\$	60.00			\$	
		\$ \$			Cefa Tabs 50mg		15.00
	Canine Metabolic 27.5#	D	85.00		Cefa Tabs 100mg	\$	15.00
	Canine Metabolic 6 #	\$	24.00		Cefa Tabs 200mg	\$	15.00
	Canine Metabolic case 12can	\$	37.00		Cefadrops 50 ml	\$	62.00
	Canine n/d 12 can case	\$	41.00	2753	Cefotixin Bottle	\$	30.00
	Canine Prescription Individual Can	\$	3.00	206	Centesis - abdominal	\$	150.00
	Canine Purina NF dry 18#	\$	59.00		Centesis - arthro (joint)	\$	65.00
3966	Canine Purina DCO 32# dry	\$	86.00		Centesis - percutaneous	\$	30.00
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DEF. PRICE includes Pkg Fee, Min Price, and Round Off
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PRODUCT	PRODUCT	DEF. PRICE	PRODUCT	PRODUCT	DEF	. PRICE
ID	DESCRIPTION	(Qty = 1)	ID	DESCRIPTION	(Qty	
	Centesis - thoracic (chest)	\$ 155.00		Cosequin DS#132	— (117	72.00
	Central Ven Press. measurement			Cosequin for Cats	\$	27.00
	Centrine Tabs 0.2mg	\$ 65.00 \$ 10.00		Cosequin- small animals	\$	58.00
	Cephalexin CAPSULES 250mg	\$ 15.00		CPK serology #014	\$	47.00
	Cephalexin 500mg	\$ 15.00		CPR-cardiopulmonary resusc.	\$	275.00
	Cephalexin oral suspension 250/5ml	\$ 32.00		CranMate 60 quanity	\$	30.00
	bll.			Creatinine	\$	55.00
2247	CERENIA -16MG 4 tablet pkg	\$ 17.00		Cremation > 125lbs	\$	170.00
	Cerenia 160 mg 4 tablet/pk	\$ 43.00		Cremation 1-24 lbs	\$ \$	80.00
	Cerenia 24 mg 4 tablet/pk	\$ 18.00		Cremation 100-124	\$	150.00
	Cerenia 60 mg 4 tablet/pk	\$ 33.00		Cremation 25 to 49 lbs	\$	85.00
	Cerumite	\$ 33,00 \$ 12.00		Cremation 50 to 74 lbs	\$	95.00
	Cesarian Section	\$ 600.00		Cremation 75 to 99 pounds	š	120.00
	Chalazion			Cremation Services, See Below	\$	0.00
	Chloramphen Opht 1% 3.5mg	\$ 160.00 \$ 13.00 \$ 15.00 \$ 8.00 \$ 15.00 \$ 15.00 \$ 15.00		Cremation, Processing Fee	\$	45.00
	Chloramphen Opht Soln 0.5%	\$ 15.00		CRI- medication	\$	85.00
	Chloramphenicol Oph. Ointment	\$ 8.00		Cruciate Ligament Repair	\$	700.00
	Chloramphenicol Tabs 50mg	\$ 15.00		Cryptococcus titer	\$	130.00
	Chloramphenicol Tabs 1 gm	\$ 15.00	1145	Cryptorchid (cat)	\$	350.00
	Chloramphenicol Tabs 100mg	\$ 15.00		Cryptorchid (dog)	\$	450.00
	Chloramphenicol Tabs 250mg	\$ 15.00		CSF Tap	\$	300.00
2234	Chloramphenicol Tabs 500mg	\$ 12.00		Culture & Sens Combo Aerobic &	\$	205.00
	Chlorhexiderm Otic Soln 4oz	\$ 12.00	000	Anaerobic	Ψ	200.00
	Chlorhexidine Shampoo 4%	\$ 12.00 \$ 15.00	ARO	Culture & SensAerobic	\$	96.00
	Chlorpheniramine Tabs 4mg			Culture & Sensbacterial (Urine)	\$	96,00
	Cholesterol	\$ 15.00 \$ 48.00 \$ 112,00		Culture-anaerobic	\$	125.00
	Cholinesterase	\$ 112.00		Culture-Blood	\$	150.00
	Ciprofloxacin Ophthalmic Drops	\$ 29.00	479	Culture-fecal Sal,Camp,Shig,Ye	\$	122.00
	Cisapride 5mg	\$ 15.00	470	Culture-fungus swab (ANTECH)	\$	68.00
	Claro Treatment 1 Tube	\$ 30.00		Culture-Ringworm DTM	\$	108.00
	Clavamox Drops	\$ 29.00		Culuture-Salmonella/Campyl.	Š	132.00
	Clavamox Tabs 62.5mg	\$ 15.00		Cushings Disease Training	Š	45.00
	Clavamox Tabs 125mg	\$ 15.00		Cyclosporin oil 2%	Š	44.00
	Clavamox Tabs 250mg	\$ 15.00		Cyprohepladine 4mg.	Š	15.00
	Clavamox Tabs 375mg	\$ 14.00		Cyprohepladine Syrup/ounce	\$	12.00
	Clincare Liquid case 12	\$ 55,00		Cystotomy - Cat	\$	600.00
	Clindamycin 150mg	\$ 55,00 \$ 15.00		Cystotomy - Dog	\$	650.00
	Clindamycin 75mg	\$ 15.00		Cystotomy/urethrotomy	š	900.00
	Clindamycin Drops 25mg/per ml	\$ 15.00 \$ 12,00		Cytology (in house)	š	45.00
	Clinicare Liquid Can	\$ 8.00		Cytology and aspirate	Š	90.00
	Clinicare powder	\$ 8.00		Cytology-ear	\$	38.00
2867	Clomicalm 20 mg bottle 30 ct	\$ 60.00		D-Dimer	Š	95.00
	Clomicalm 5mg bottle 30 ct	\$ 44.00		DA2PCPV Puppy 30 day	\$	88.00
2869	Clomicalm 80mg bottle 30ct	\$ 76.00		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		DAP Collar Med-Lg.	\$	48.00
3407	Cobalequin Med /Lrg Dog 45ct	\$ 30.00		DAP Collar Small	\$	42,00
4325	Collar 10" and 12"	\$ 8.00		Dasuguin for Cats 84ct	\$	32.00
	Collar 15" through 30"	\$ 10.00	3108	Dasuguin LG, Dog 150 ct.	\$	94.00
294	Colonic Flush Inc. Cytology	\$ 120.00	3107	Dasuguin Sm-Med Dog 150ct	\$	82.00
977	Conjunctival Flap	\$ 300.00		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
	Convenia Injection 30.1-40#	\$ 68.00	1809	Deciduous teeth-extract 3	\$	105.00
	Convenia injection 40.1-50#	\$ 98,00	1810	Deciduous teeth-extract 4	\$	120.00
	Convenia Injection 50.1- 60#	\$ 108.00 \$ 120.00	900	Declaw Cat (rear)	\$ \$	325.00
	Convenia Injection 60.1 - 70#	\$ 120.00	911	Declaw Feline (all) with alter	\$	600.00
	Convenia Injection 70.1 -80#	\$ 130.00		Declaw Feline 4	\$	475.00
	Convenia Injection 80.1 - 90#	\$ 140.00		Declaw Feline(2)	\$	325.00
	Convenia Injection 90.1-100#	\$ 150.00		Declaw over 2 years old	\$	450.00
	Coombs test	\$ 115.00		Declaw/Alter cat	\$	400.00
	Cortisol level	\$ 76.00	387	Degenerative Meylopathy- U of	\$	130.00
	Cortlsol/creat ratio (361)	\$ 128.00	****	Missouri	_	
523	Cortrosyn (per 0.10ml)	\$ 62.00	2293	Delete in January	\$	125.00

DEF. PRICE includes Pkg Fee, Min Price, and Round Off Page 4
* = Price of item when used as bundle

PRODUCT	PRODUCT	DEF. PRIC	E PRODUCT	F PRODUCT	DEF. PRICE
ID	DESCRIPTION	(Qty = 1)	ID	DESCRIPTION	(Qty = 1)
3510	Denamarin 225mg	\$ 52.	00 270	3 Doxepin 26mg	\$ 15.00
3511	Denamarin 425mg	\$ 89.		4 Doxepin 50 mg	\$ 15,00
	Denamarin 90mg	\$ 35.0 \$ 80.0 \$ 46.0 \$ 34.0		5 Doxepin 75mg	\$ 15,00
	Denosyl 425mg 30ct	\$ 80.		8 Doxirobe application	\$ 105.00
	Denosyl SD4 225mg	\$ 46.		9 DOXYCYCLINE 100 mg	\$ 15.00
	Denosyl SD4 90mg	\$ 34,		9 Drontal Plus Large > 45#	\$ 29.30
	Dental Cleaning	\$ 65.		B Drontal Plus Medium 26-60#	\$ 16.40
	Dental Cleaning-	\$ 95.		7 Drontal Plus Small 2-25#	\$ 15.00
	Dental Cleaning-	\$ 110.5		5 Duragesic Pain Medication 100ug	\$ 80.00
	Dental Cleaning	\$ 125.		1 Duragesic pain medication 25ug	\$ 45.00
	Dental X-ray (>5) Dental X-ray (1)	\$ 105.5 \$ 55,1		Duragesic pain medication 50ug Duragesic pain medication 75ug	\$ 65.00 \$ 75.00
808	Dental X-ray (1)	\$ 65.		2 DuraKyl Dip 4oz	\$ 75.00 \$ 12.00
	Dental X-ray (3-5)	\$ 95.4 \$ 110.4 \$ 125.4 \$ 105.5 \$ 55.5 \$ 65.5 \$ 85.5 \$ 15.6	10 200	3 Ear Cleaning & Nells	\$ 75.00 \$ 12.00 \$ 25.00 \$ 38.00
	Deramaxx 100 mg	\$ 15.		D Ear cytology silde	\$ 38.00
	Deramaxx 25mg	\$ 15.		1 Ear flush - 2 ears	\$ 295.00
	Deramaxx 75mg	\$ 15.0		D Ear flush - one ear	\$ 275.00
	Derm caps	\$ 18.0		1 Ear Mite Swab	\$ 30.00
	Derm Caps ES #60	\$ 20.0		D Ear Resection (bilateral)	
	DermaBenSs shampoo 12oz	\$ 19.0		1 Ear Resection (unilateral)	\$ 625.00 \$ 800.00
	Dermachlor HC 8 oz.	\$ 25.0		3 Ear Tip - Feline	\$ 60.00
	Dermallay Shampoo 12oz	\$ 16.0		1 EasOtic 10 MI	\$ 36.00
3564	Dermallay Spray 12oz	\$ 20.0	0 70	D ECG Monitoring Service	\$ 75.00
3565	DermaLyte Shampoo 12 oz	\$ 14.0		3 Echocardiogram	\$ 360.00
3738	Dermoscent Spot-on 4 pipettes Cat	\$ 28,0	0 62	B Echocardiogram- Dr Reid	\$ 360.00 \$ 375.00
3735	Dermosceni Spot-on 4 pipettes 0-22 #	\$ 26.0	0 370	1 EctoKyl 3X Shampoo	\$ 13.00
	Dog			7 Ehlichia canis titer	\$ 122.00
3736	Dermoscent Spot-on 4 pipettes 22-45#	\$ 30,0		B EKG-electrocardiogram	\$ 70.00
	Dog			Electronic anesthesia monitor+	\$ 52.00
3737	Dermoscent Spot-on 4 pipettes 45-90#	\$ 32.0		5 Enalapril 10mg	\$ 15.00
	Dog			4 Enalapril 2.5 mg	\$ 70.00 \$ 52.00 \$ 15.00 \$ 15.00 \$ 15.00
	Descent-Ferret	\$ 200.0		Enalaprii 20mg	\$ 15.00
	Dewclaw Removal (puppy)	\$ 150.0		5 Enalapril 5 mg	\$ 15.00 \$ 100.00
	Dewclaw(s) & Tail(s)/Puppy	\$ 35.0		7 Endoscopic Exam/Services	\$ 100.00
	Deworming - inject. < 15 lbs Deworming - inject. > 60 lbs	\$ 32.0 \$ 48.0	JU 281	1 Endoscopy & Ultrasound-Mob.vu	\$ 900.00
	Deworming - Inject. > 60 lbs	\$ 48.0 \$ 35.0		Endoscopy-specialist/up or low	\$ 900.00
	Deworming - inject. 31-60 lbs	\$ 40.0		3 Endoscopy-upper and lower 3 Enema - deobstipate	\$ 900.00 \$ 1,400.00 \$ 185.00 \$ 65.00
	Deworming - oral	\$ 20.0		9 Enema Administration	\$ 65.00
	Deworming - oral (pup/kit)	\$ 8.0		3 Enisyl-F 100mi Pump	\$ 33.00
	Deworming-oral(w/Office Visit)	\$ 14.0		2 Enrofloxacin 68 mg tablets	\$ 15.00
	Dexamethasone ophthalmic drops	\$ 24.0		Enrofloxacin 22.7 mg	\$ 15.00
	Dexamethasone Suppression test	\$ 172.0		Enterotomy-remove foreign body	\$ 800,00
	Dexamethasone tabs 0.5mg	\$ 15.0		3 Enucleation	\$ 33.00 \$ 15.00 \$ 15.00 \$ 800.00 \$ 800.00
3660	Dexamethisone Injectable 100ml	\$ 15.0		D Eosinophil Count	\$ 30.00
	Diaphragmatic hernia repair	\$ 900.0	0 3599	5 Erythromycin Ophthalmic Oint.	\$ 38.00
2587	Dibenzaline 5mg capsules	\$ 15.0	0 990	Esophagostomy tube	\$ 175.00
	Dibenzyline 2.5mg	\$ 15.0		5 Etogesic 150mg	\$ 175.00 \$ 15.00
	Diclofenac Solution 2.5ml	\$ 21.0		B Etogesic 300 mg	\$ 15.00
	Diethylstilbesterol Tabs 1mg	\$ 15.0 \$ 55.0		2 Etomidate vial	\$ 39.00
	Digoxin Assay	\$ 55.0		5 Euk Canine Mobility Plus #5	\$ 15.00
	Digoxin tablets	\$ 15.0		5 Euk Canine OptimumWeight Control	\$ 38.00
	Diltiazem transdermal/syringe	\$ 7.0		15#	
	Distemper (IgG,IgM) Antech T555	\$ 122.0		2 Euk Feline 14# Low Residue intestinal	\$ 61.00
	Distemper/Parvo titer T565	\$ 122.0		+ 4 Fish Halling Andrews Materials A + + + + +	
	DMSO Decking Tail(e) (caly)	\$ 15.0 \$ 30.0		Fuk K 9 Ontimum Weight Control 5#	
100	Docking Tail(s) (only) Dogs < 21 lbs Hospitalization	\$ 30.0 \$ 65.0		3 Euk K-9 Optimum Weight Control 30# 7 Euk K-9 Optimum Weight Control 5.5#	\$ 73.00 \$ 15.00
	Dogs > 51 lbs Hospitalization			Buk Kidney-Renal Plus 15.5#	\$ 15.00 \$ 45.00
	Dogs 21-50 lbs Hospitalization	\$ 68.0		3 Eukanuba 14 oz individual cans	\$ 45.00
	Domeboros solution	\$ 4.0		Eukanuba FEL 6oz individual cans	\$ 2.00
	Douxo Mousse 6.8oz	\$ 72.0 \$ 68.0 \$ 4.0 \$ 34.0 \$ 23.0		B Eukanuba FEL Renal Plus 5.5#	\$ 29.00
	Douxo Shampoo 6,8 oz	\$ 23.0		Eukanuba FEL Renal Plus cs 12	\$ 24.00
	Doxepin 10mg	\$ 15.0			
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Color	PRODUCT	PRODUCT	DEF. F	PRICE	PRODUCT	PRODUCT	DEF	. PRICE
4056 Eukarubar EFLINE (Infrancy+s es12 21.00 4057 Eukarubar EFLINE (Infrancy+s es12 21.00 4058 Eukarubar EFLINE (Infrancy+s es12 24.00 4057 Eukarubar EFLINE (Infrancy+s es12 25.00 3057 Enfrancy es12 25.00 4057 Eukarubar EFLINE (Infrancy+s es12 25.00 3057 Enfrancy es12 25.00 4057 Eukarubar EFLINE (Infrancy-s es12 25.00 3057 Enfrancy es12 25.00 4057 Eukarubar EFLINE (Infrancy-s es12 25.00 3057 Enfrancy es12 25.00 4057 Eukarubar EFLINE (Infrancy-s es12 25.00 4057 Eukarubar Ef								
4035 Eukanuba FELINE Urinany-s+ cs12 21.00 498 Fecal Pathogen (Antoch caedo SA350) 320.00 407 Feral-Rolant and jacrida elisa (leat 405) 568.00 407 Feral-Rolant and jacrida elisa (leat 405) 571.00 407 Feral-Rolant and jacrida elisa (leat 405) 407 Fera		Eukanuba FEL Skin & Coat Plus LB	\$	29,00		Fecal Examination	\$	
4032 Eukanuba FELINE Intestinal + 5.6# \$ 30.00 497 Fecal-Rotal and plantial elias (test 405) \$ 56.00 4028 Eukanuba FELINE Intestinal + cases 12 \$ 2.00 4075 Feli IVD Priss. Dist Care 5.6oz \$ 71.00 4028 Eukanuba FELINE mod pH/IO cs 12 \$ 2.00 588 Feli Sor (IFIV-Feli V-Feli V-							\$	
4056 Eukanuba FELINE linhasinial +casal 2 24.00 4075 Felin 2010 Cans 5.50z 71.00 4075 Felin 2010 Cans 5.50z 2.50 4028 Eukanuba FELINE mod pH/10 cs 12 23.00 4075 Felin 2010 Cans 5.50z 2.50 4025 Eukanuba FELINE mod pH/10 cs 12 23.00 3784 Felinazola 2.6mg 100ct Bottle 30.00 4025 Eukanuba FELINE restr cal 4.6# 5 63.00 3784 Felinazola 2.6mg 100ct Bottle 30.00 4025 Eukanuba FELINE restr cal 4.6# 5 63.00 3785 Felinazola 2.6mg 100ct Bottle 30.00 4025 Eukanuba FELINE restr cal 4.6# 5 63.00 3786 Felinazola 2.6mg 100ct Bottle 30.00 4025 Eukanuba FELINE restr cal 4.6# 5 63.00 3786 Felinazola 5.mg 100ct Bottle 30.00 4026 Eukanuba FELINE restr cal 4.6# 5 63.00 3786 Felinazola 2.6mg 5 60.00 4026 Eukanuba FELINE restr cal 4.6# 5 63.00 3891 Felina 6.5 individual can 3.00 4026 Eukanuba FELINE urinary-a + ph/6 5 63.00 3891 Felina 6.5 individual can 3.00 4026 Eukanuba Helsalina + 2.6# 5 5 63.00 3891 Felina 6.5 individual can 3.00 4026 Eukanuba Helsalina + 1.6# 5 40.00 3892 Felina 6.0# 60.00 60.0								
4028 Eukanuba FELINE low pH/9 cs 12 2.50 4075 Fell ND Priss. Dict Cars 5.50z 2.50 4025 Eukanuba FELINE mod pH/0 cs 12 2.30.0 3786 Fellmazola 2.6mg 10.0ct Bottle 3.20.0 3786 Fellmazola 5.0ct Bottle 3.20.0 3886 Fellmazola 5.0ct Bottle 3.20.0 3.20.0 3886 Fellmazola 5.0ct Bottle 3.20.0 3886 Fellmazo					487	recarloat and glardia elisa (test 405)		
4028 Eukanuba FELINE mod pH/O 6.812 \$2.3.00 3798 Fellmazzola 2.6mg \$1.2.00 4031 Eukanuba FELINE mod pH/O ao n \$2.00 3798 Fellmazzola 2.6mg 100cl bottle \$2.5.00 4026 Eukanuba FELINE med pH/O ao n \$2.00 3798 Fellmazzola 2.6mg 100cl bottle \$3.00.00 4025 Eukanuba FELINE restr cal 4.5# \$2.00 3798 Fellmazzola 5.mg 100cl bottle \$3.00.00 4025 Eukanuba FELINE restr cal 4.5# \$2.00 3798 Fellmazzola 5.mg 100cl bottle \$3.00.00 4025 Eukanuba FELINE urinary-s + low \$63.00 3795 Fellmazzola 5.mg \$15.00 4025 Eukanuba FELINE urinary-s + pH/s \$63.00 4028 Feline EN 6.6# \$3.3.00 4028 Eukanuba FELINE urinary-s + pH/s \$2.5.00 4028 Feline Doarding with med. \$2.5.00 4028 Feline Doarding with med. \$2.5.00 4028 Feline Doarding between \$2.5.00 4029 Feline Doard Between \$2.5.00 4029 Feline Doar								
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1907 Feline boarding \$23.00								3,00
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## 4037 Eukanuba response KO 6# \$ 23.00 # 183 Felline Elimin-odor \$ 8.00 # 4017 Eukanuba restricted cal case12 \$ 7.00 # 4160 Felline gld 4th dry \$ 25.00 # 4003 Eukanuba restricted cal case12 \$ 34.00 # 4000 Felline gld 5.5 cunce case \$ 48.00 # 4000 Eukanuba restricted cal .14# \$ 36.00 # 3900 Felline gld 5.5 cunce case \$ 48.00 # 4000 Eukanuba restricted cal .28# \$ 66.00 # 4000 Felline gld 5.5 cunce case \$ 48.00 # 4000 Eukanuba restricted cal .5# \$ 16.00 # 3907 Felline l/d can 5.5 oz 24/case \$ 46.00 # 4000 Eukanuba restricted cal .5# \$ 16.00 # 3907 Felline l/d can 5.5 oz 24/case \$ 46.00 # 4000 Eukanuba Senior Plus / Joint 15# \$ 44.00 # 4000 # 4000 Eukanuba Senior Plus / Joint 15# \$ 44.00 # 4000 # 4000 Eukanuba Senior Plus / Joint 15# \$ 44.00 # 3973 Felline l/d can 5.5 oz 24/case \$ 46.00 # 4000 Eukanuba Senior Plus / Joint 15# \$ 44.00 # 3973 Felline l/d city 4# \$ 21.00 # 222 Euthanasia 15 lbs or less \$ 90.00 # 3902 Feline l/d 518 Senior Plus / Joint 15# \$ 44.00 # 3973 Felline l/d can 5.5 oz 24/case \$ 34.00 # 222 Euthanasia 60 lbs & over \$ 105.00 # 3974 Feline l/d 19.2 oz 24 cans \$ 37.00 # 224 Euthanasia 60 lbs & over \$ 105.00 # 3913 Felline l/d can 5.5 oz 24/case \$ 49.00 # 225 Euthanasia Bervices, See Below \$ 0.00 # 3940 Feline l/d 19.4 for 24 for 24 for 25 for 220 Euthanasia Services, See Below \$ 0.00 # 3940 Feline l/d 19.5 oz 24/case \$ 47.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Feline l/d 19.5 oz 24/case \$ 48.00 # 3940 Felin			\$					57.00
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221 Euthanasia 15 lbs or less \$ 90.00 3982 Feline I/D Stew 2.9 oz 24 cans \$ 34.00 222 Euthanasia 15 to 30 lbs \$ 95.00 4156 Feline I/d stew 3oz case \$ 34.00 223 Euthanasia 30 to 60 lbs \$ 100.00 3974 Feline I/d Dz. 9 oz 24 cans \$ 37.00 224 Euthanasia 60 lbs & over \$ 105.00 3933 Feline I/d Can 5.5 oz 24/case \$ 49.00 225 Euthanasia Services, See Below \$ 0.00 4012 Feline I/d Gry 8.5# \$ 47.00 1606 Extension Set \$ 4.00 4155 Feline I/d Gry 8.5# \$ 47.00 1606 Extension Set \$ 4.00 4155 Feline I/d Gry 4# \$ 26.00 1805 Extraction(s) \$ 35.00 3976 Feline I/d Gran 5.5 oz 24/case \$ 48.00 1898 EXTRACTIONS ARE ADDITIONAL \$ 0.00 3976 Feline I/d Gry 4# \$ 25.00 227 Eye - lear test (Schirmer) \$ 25.00 533 Feline I/d Gry 4# \$ 25.00 228 Eye - tonometry \$ 36.00 634 Feline Leukemia (Elisa) \$ 57.00 228 Eye - tonometry \$ 36.00 634 Feline Leukemia (FA) Test \$ 120.00 226 Eye-corneal staining fluorosce \$ 25.00 4023 Feline M/D 4# Dry \$ 25.00 984 Eye-replace gland of nictitans \$ 400.00 4023 Feline M/D 5.5 oz 24 cans/case \$ 45.00 994 Eye-replace gland of nictitans \$ 400.00 4022 Feline Metabolic 4# \$ 24.00 974 Eyelid Surgery/major \$ 500.00 4164 Feline Metabolic 4# \$ 24.00 975 Eyelid Surgery/major \$ 500.00 4166 Feline Metabolic 5# \$ 43.00 2751 Eyewash \$ 8.00 4080 Feline Purina IN 5.5 oz case 24 \$ 53.00 2751 Eyewash \$ 8.00 4080 Feline Purina IN 5.5 oz case 24 \$ 53.00 3988 Feline Purina IN 5.5 oz case 24 \$ 53.00 495 Fanconl Urine Test \$ 139.00 4072 Feline Purina IN 5.5 oz case 24 \$ 53.00 495 Fanconl Urine Test \$ 139.00 4072 Feline Purina IN 5.5 oz case 24 \$ 53.00 3988 Feline Purina IN 5.5 oz case 24 \$ 53.00 495 Fanconl Urine Test \$ 139.00 4072 Feline Purina IN 5.5 oz case 24 \$ 53.00 3988 Feline Purina IN 6# \$ 27.00 495 Fear anabolic 3 feline Purina II R dry 6# \$ 30.00 498 Fear anabolic 3 feline Purina II R dry 6# \$ 30.00 498 Fear anabolic 3 feline Purina II R dry 6# \$ 30.00 498 Fear anabolic 3 feline Purina II R dry 6# \$ 30.00 498 Fear anabolic 3 feline Purina II R dry 6# \$ 30.00 498 Fear anabolic 3 feline Purina II R dry 6# \$ 30.00 498 Fear anabolic								
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DEF. PRICE includes Pkg Fee, Min Price, and Round Off
* = Price of item when used as bundle

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PRODUCT	PRODUCT	DE	F. PRICE	PRODUCT	PRODUCT	ĐE	F. PRICE
ID	DESCRIPTION	(Qt	y = 1)	ID	DESCRIPTION	(Qt	y = 1)
3983	Feline r/d canned 5.5 ounces 24/case	\$	45.00	2420	Frontline Plus Dogs up to 22# single	\$	17.00
	Feline r/d dry 4#	\$	21.00		Fructosamine test -diabetics	\$	96.00
	Feline r/d dry 8.5#	\$	39.00		FSP	\$	25.00
	Feline T/D 4#	\$	22.00		Fungal Culture - Negative	\$ \$	0,00
	Feline T/D 8.5#	\$	40.00	678	Fungal Histoplasmosis Ag-Urine	\$	262.00
	Feline Tiki Cat 12can case	\$	15.00	559	Fungal profile serology	\$ \$ \$	111.00
	Feline Tiki Cat individual can	\$	1.75	129	FVRCP Kitten 30day	\$	88.00
	Feline URD PCR Panel Idexx	\$	180.00		FVRCP Kitten Final Tyear	\$	88.00
	Feline w/d can 5.5 oz 24/case	\$ \$	43.00		FVRCP Kitlen Vacc. #3 of 3	\$	88.00
	Feline w/d dry 17.6 # Feline w/d dry 4#	Ď.	67.00 20.00		FVRCP Tri-Annual Vaccination	\$	35.00
	Feline w/d dry 8.5#	\$	38.00		FX Repair/Mandibular Symphysis Gas anesthesia > 60 lbs	\$ \$	400.00
	Feline Y/D 4#	\$	27.00		Gas anesthesia < 25 lbs	Ø.	125.00 110.00
	Feline Y/D 8.5#	\$	52.00		Gas anesthesia 26-60 lbs	\$ \$	115.00
	Feline Y/D case	\$	54.00		Gas anesthesia-Xrays	\$	100.00
	Feline z/d 4#	\$	28.00		Gas Anesthesia/addt hour	\$	80.00
	Feline z/d case 5.5oz. 24/case	\$	60.00		Gastric Lavage	\$	325.00
	Feline z/d dry 8.5#	Š	58.00		Gastric Torsion Complex	\$	1,200.00
	Feliway	\$ \$ \$	35.00		Gastrotomy	\$	800,00
	Felovite	Š	7.00		Gastrotomy Tube	Š	350.00
	FeLV 1year	Š	88.00		Genesis Spray	\$ \$ \$	31.00
	FeLV 30day	\$	88.00		Gentamicin inj Syringe < 1ml	Š	8.00
	FeLV Bi- Annual Vaccination	\$	40.00		Gentocin (only) Opht Soln	Š	15.00
905	Femoral Head Ostactomy	\$	800.00		Gentocin Durafilm Opht Soin	\$	9.00
1918	Ferret Boarding	\$	22.00		Gentocin Opht Ointment	\$	14.00
1626	Ferret Hospitalization	\$	60.00		Gentocin Otic 15 ml	\$	15.00
	Fibrinogen and D-dimer	\$ \$	110.00	2817	Gentocin Otic and DMSO	\$ \$ \$ \$	18.00
	Filaribits 120 mg 100 tablets		15.00	2816	Gentocin Otic Soln 7.5ml	\$	14.00
	Filaribits 180 mg	\$ \$ \$	19.00		GGT/Creatinine Ratio (code T930)	\$	95.00
	Filaribits 60 mg	\$	15.00	603	GI (barlum) Series, cat	\$	350.00
	FIP Elisa (7B) proteins	\$	57.00	604	GI (barium) Series, dog	\$	400.00
	FIP titer		66.00		Giardia Ellsa	\$ \$ \$	53.00
	FIV Test	\$	46.00	412	Glucose (sugar)	\$	42.00
	FIV-Western Blot Test	\$	200.00		Glucose-serial exam (ANTECH)	\$	118.00
	FIV/FeLV Test	\$	72.00		Glucose-serial in house	\$ \$	18.00
	Flea comb	\$ \$	2.00	2490	Glucotest Purina Feline 1pkg	\$	9,00
	Flow Cytometry- CSU incl shipping Fluid analysis & cytology	Ď.	290.00		Glycoflex 260 tablets	\$	20.00
	Fluid analysis at cytology Fluid analysis and collection	\$ \$	168.00 195.00	2011	Glycoflex 500 tablets	\$	35.00
	Fluid Therap Addtl Bottles	\$	21.00	2070	Goodwinol Ointment 1oz Groom - therapeutic/major	\$	15.00
	Fluid therapy - burette	\$	25.00		Groom - therapeutic/minor	\$	40.00 20.00
	Fluid Therapy - SC/ml (O.P.)	\$	28.00		Groom- shave all hair per hour	\$	70.00
	Fluid Therapy IV First Bottle	\$	76.00		Health Cert./Exam International	\$	130.00
	Fluid Therapy-daily care	\$	54.00		Heartgard 1-25#	\$	38.00
	Fluids to start on arrival at the Hosp.	\$	0.00		Heartgard 26-50#	\$ \$	47.00
	Fluids-Irrigation 500 ml bottl	\$	15.00		Heartgard 51-100#	\$	58.00
	Forbid	\$	5.00		Heartworm Exam (occult)	\$	48.00
3731	FortiFlora	\$	36.00		Heartworm Microfilaria Knotts Test	\$	57.00
906	Fracture Repair/IM pinning	\$ \$	900.00		T390	•	
	Fracture Repair/KE apparatus	\$	900.00	97	Heartworm Neg	\$	0.00
	Fracture Repair/Mandibular	\$	425.00		Heartworm test feline	\$	98.00
	Free T4	\$	114.00		Heartworm Tx -injection-(not inclu.	\$	80.00
	Fresh Frozen Plasma 1 unit	\$	160.00		med)		
	Fresh Frozen Plasma Administration	\$	80.00		Helicobacter test	\$	79.00
	Frontline Plus Cats	\$	51.00		Hematoma-Aural	\$	325.00
	Frontline Plus dog 23 to 44 #	\$	54.00		Hemobartonella	\$	47.00
	Frontline Plus Cats Single Dose	\$	17.00		Hernia (diaphragmatic)	\$	900.00
	Frontline Plus dogs 23-44# single dose Frontline Plus dogs 45- 88 #	\$ \$	18.00 55.00		Hernia (inguinal)	\$ \$	800.00
	Frontline Plus Dogs 45-88# single dose		18.00		Hernia (perianal)		800.00
	Frontline Plus dogs 89-132 #	⊅ \$	56.00		Hernia-Umbilical - Cat Hernia-Umbilical - Dog	\$ \$	350.00
	Frontline Plus Dogs 89-132# single	Ф \$	19.00		Hernia-Umbilical w/Alter	\$	350.00 200.00
2410	dose	Ψ.	13.00		Hernia-Umbilical w/Spay	\$	160.00
2413	Frontline Plus dogs up to 22#	\$	53.00		Hills FelinePrescription dlet cans 5.5oz		2.00
		•	24.40	1010	amia, rasarphon diet cente oldez	4	2.00

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

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DEF. PRICE includes Pkg Fee, Min Price, and Round Off
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4104 IVD Canine Adult PD 17.6#

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76.00

PRODUCT ID	PRODUCT DESCRIPTION		F. PRICE y = 1)	PRODUCT	PRODUCT DESCRIPTION	DEF.	PRICE ≈ 1)
	IVD Feline Renal E case 24 5.8oz.	\$	51.00	1089	Mass Removal-external (major)	\$	600.00
	cans	•		1090	Mass Removal-external (minor)	Š	200.00
4042	IVD Feline Renal F 6#	\$	34.00		Mass Removal-internal (major)	\$	800.00
4157	IVD Feline S/O 17.6#	\$	67.00		Mass Removal-internal (minor)	\$	700.00
4143	IVD Feline S/O 3.3#	\$	21.00	519	Mast Cell Markers Idexx 3375/sample	\$	490.00
4089	IVD Feline S/O 5.8oz case 24	\$	47.00	1165	Mastectomy (Cat)	\$	500.00
4152	IVD Feline Senior Consult 24/5.8oz	\$	45.00		Mastectomy (Dog)	\$	650.00
	case			564	Masticatory myositis test 1207	\$ \$	240.00
	IVD Feline Senior Consult 7.7#	\$	42.00		Mature Alter < 15#		350.00
	IVD Treats prescription	\$	9.00		Mature Alter 15# - 30#	\$	360,00
4139	IVD Weight Control 17.6#	\$	71.00		Mature Alter 30-60#	\$	370.00
	IVD Weight Control 7.7#	\$	36.00		Mature Alter 60 # +	\$	400.00
	Ivermectin 50ml	********	50.00		MCT OII	\$	138.00
615	IVP XRay Urinary Tract, dog	\$	615.00		Meclizine 25 mg.	\$	15.00
614	IVP XRay-Urinary Tract, cat	\$	615.00		Medical Progress Check	\$	52.00
1607	Jugular Catheter	\$	60.00		Medication	\$	0.00
	Keta Chlor Shampoo	2	20.00		Medication Fee (1)	\$	1.00
	Knockout premise spray	Þ	12.00		Medicine Administration 2x per day	\$	22.00
	Laceration (corneal)	3	400,00		Medrol 4 mg	\$	5.50
	Laceration (intermediate)	ð	300,00		Mephyton Tablets	\$ \$	9.00
	Laceration (lid) Laceration (major)	\$ \$ \$	350,00 400.00		Meropenem 500mg/vial Metacam	Ď.	31.00
	Laceration (major)	¢.	250.00		Methimazole 5mg Tablets	\$ \$ \$	32.00 15.00
	Lactulose syrup - /4 ounces	\$	15,00	3770	Methimazole transdema/syring	ą.	5.00
	Lactulose syrup-bottle	\$	18.00		Metoclopramide 10 mg	ě	15.00
	Laparoscopic Liver Biopsy (plus	\$	1,200.00	2264	Metronidazole 250mg	\$	15.00
211	patho)	Ψ	1,200,00		Metronidazole 600mg	\$	15.00
919	Laparotomy	\$	800,00		Metronidazole Suspension 50mg/ml	Š	15.00
	Lasix 40mg	\$	15.00		per oz.	Ψ.	(5.00
	Lasix 20mg	Š	15.00	2963	MiconaHex + Triz Shampoo 8 oz	\$	25.00
	Lasix Tabs 12.5mg	\$	15.00		Miconazole and Synotic Suspension	\$	40.00
	Lasix Tabs 50mg	\$ \$ \$	15.00		Miconozole Lotion	\$	18.00
	Laxatone 2.5oz	\$	9.00		Microchip Ident implant	Š	68.00
431	Lead level-blood	\$	143.00		Microfilaria Treatment	\$	0.00
398	Lepto Blood T974	\$	98.00		Midazolam Syringe	\$	14.00
	Lepto PCR Blood & Urine T978	\$	145.00	3700	MINOCYCLINE Capsules 100 mg	\$	15.00
	Lepto PCR Urine T976	\$	105.00		Mirtazapine 15mg	\$	15.00
	Leptospira Annual	\$ \$ \$	36.00		Mirtazapine 7.5mg	\$	15.00
	Leptospira Vacc. #1 of 2	\$	36.00	2513	Mirtazapine 7.5mg/ml 5ML	\$	18.00
	Leptospira Vacc. #2 of 2	\$	36.00		Miscellaneous Test/Treatments	\$	0.00
	Leptospirosis Elsia Idexx #3568	\$	48.00		Mitaban dip botttle	\$	42.00
	Leptospirosis Tiler-Cornell	\$	115.00		Mitox Liquid 12ml	\$	8.00
	Lip Fold Correction	\$	400.00	2820	Mometamax/Maxiotic 15g	\$ \$ \$	34.00
	Lipase (pancreas)	Þ	52,00		Morphine CRI/day	\$	23.00
	Liquichlor Ointment 10ml Liver Biopsy	Ф	10.00 400.00		Mupirocin Oint, 2% 22g	\$	20.00
	Local Anesthesia	a)	55.00		Muzzle - extra large	\$ \$	13.00
	Local Anestriesia Loperamide 2mg	*******	9.00		Muzzle - small, medium, large Mycodex Pearlescent	\$	12.00
	Lyme & RMSF titer-Antech381	\$	101,00			\$	9.00
	Lyme Annual Vaccination	4	45.00	159	Mycodex with Alrethrin Nail Clip Large Bird	\$	9,00 22.00
	Lyme C6 4DX combo Idexx #2889	4	75.00	4181	Nail Scissors - Whites	\$	15.00
	Lyme IgG	\$	85.00		Nasal flush feline	\$	90.00
	Lyme IgG/IgM	ŝ	95.00		Nasal Fold Excision	\$	225.00
	Lyme plus dip 16oz	Š	22.00		Nasal oxygen catheter	\$	85.00
	Lyme Series #1 w/ other vac.	Š	45.00	982	Nasolacrimal Flush/cath	\$	60.00
163	Lyme Series #2 w/ other vac.	****	45.00		Nasopharyngeal Polyp Removal	\$	300.00
554	Lyme Western Blot test	\$	223.00	50	Nassau County Rabies Vaccine 1	\$	15.00
	Lysodren 500mg Tablets	\$	15.00		Nassau County Rables Vaccine 2	\$	15.00
3342	MAI-A-Ket Shampoo 8 fl oz.	\$	17.00		Nebulization-daily	\$	48.00
	MalAcetic Otic 8 fl oz.	\$	21.00	509	Necropsy Service < 30 pounds	\$	350,00
2608	Malacetic Ultra Spray B fl oz	\$	35.00	510	Necropsy Service 30-60 lbs	\$	350,00
	Malaket Wipes 50ct	\$ \$ \$	15.00		Necropsy Service 60 lbs +	\$	350.00
	Malaseb Pledgets 60 ct		18.00		Needle 20ga x 1"	\$	0.26
3585	Malaseb Shampoo	\$	17.00	4558	Needles 18g x 1"	\$	0.30

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

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	PRODUCT		PRODUCT			PRICE
ID 4557	DESCRIPTION	(Qty = 1)	ID 536	DESCRIPTION	(Qty	
	Needles box 18g x 1" -100 Neo-Caiglucon syrup	\$ 18.00 \$ 5.00		PCR Hemoplasma Panel Feline T985 PCR Upper Respiratory Disease T-	\$ \$	115,00 175.00
	Neo-poly Gramicidin Drops 10ml	\$ 40.00		2512	Ф	175.00
	Neo-Poly-Dex drops	\$ 21.00		PCV (hematocrit)	\$	25.00
	Neo-Poly-Dex Oint Dexasporin	\$ 24.00		PCV Serial	\$	18.00
	Nephrectomy	\$ 800.00		Pearlyt Shampoo 12 oz	\$	10.00
1169	Nephrotomy	\$ 800.00 \$ 800.00 \$ 250.00	916	Pactineus Myotendonectomy	\$	250.00
	Nictitans Eye Flap	\$ 250.00		Pedicure - courtesy	\$	0.00
	Nolvadent 1oz.	\$ 15.00 \$ 27.00 \$ 12.00		Pedicure - nail trim	\$	15.00
	Nolvasan Shampoo 8 ounces	\$ 27.00		PEG tube placement	\$	350.00
	Nolvasan Soln 4oz.	\$ 12,00		Pellitol	\$	12.00
	NoSorb	\$ 4.00		Percortin-V and syringes	\$	220.00
	NYS Reimburse spay/neut adjust	\$ 0.00		Perianal adenoma	\$	550.00
	Obstetrical Assistance	\$ 360.00		Perianal Adenoma/Castration	\$	700.00
	Office visit Office visit-courtesy	\$ 68.00 \$ 0.00		Pet Cal 60 Tablets Pet Carrier	\$	17.00
	Office Visit-courtesy Office Visit-courtesy	\$ 0.00 \$ 44.00		Pet-Cal 180 Tablets	\$ \$	6.00 45.00
	Omega Tri-V Caps Large 60ct	\$ 17.00		Pet-tabs #60	\$	17.00
3764	Omega Tri-V Caps Medium 60ct	\$ 12.00		Pet-tabs Plus 60ct	\$	21.00
	Omega Tri-V Caps Small 60ct	\$ 44.00 \$ 17.00 \$ 12.00 \$ 12.00 \$ 20.00		Pet-Tinic	\$	20.00
	Omega Tri-V Liquid 8oz.	\$ 20.00		Pharyngostomy Tube Placement	\$	180.00
	Onsior 6mg packet/3 tablets	\$ 15.00		Phenobarbital 60 mg	š	15.00
4099	open	\$ 0.00		Phenobarbital level	\$	98.00
1123	Operating Room Fee	\$ 300.00		Phenobarbital Tabs 1/4gr	\$	19.00
3472	Optichamber and mask	\$ 85.00	2484	Phenylbutazone Tabs 100mg	\$	5.00
	Optimmune	\$ 85.00 \$ 48.00 \$ 16.00 \$ 15.00 \$ 150.00 \$ 60.00 \$ 15.00		Phosphorus	\$	48.00
	Optixcare	\$ 16.00	3787	pHydrion papers - roll	\$	13,00
	Oral Cleansing Gel	\$ 15.00		PhytoVet P Anti Itch Shampoo Boz	\$	16.00
	Oral pro-severe tartar	\$ 150.00		PhytoVet P Anti-Itch Spray	\$	19.00
	Oral Surgery (dental related)	\$ 60.00		Pill Gun	\$	6.00
	Orbax 22.7 Orbax 68mg	\$ 15.00		Pill Pocket Canine Small	\$	8.00
	Osurnia Treatment 1 Tube	\$ 15.00 \$ 25.00		Pill Pocket Feline Pill Pocket- Canine Large	\$ \$	8.00
	Oti-clens 4oz	\$ 20.00		Platelet Count	\$	10.00 44.00
	Olomax	\$ 18.00		PLI -canine (Idexx) (test 1849)	\$	75,00
	Ovariohysterectomy, See Below			PLI test-idexx Feline test 2493	\$	78.00
3573	Oxydex HP Shampoo 8oz	\$ 0.00 \$ 10.00 \$ 50.00		PLI- Canine/Feline snap test	\$	76.00
712	Oxygen - First Hour	\$ 50.00		Pluck Ears/Nails	\$	20.00
713	Oxygen additional hours	\$ 15.00	287	Poison ingestion treatment	Š	155.00
	Oxyglobin 125 ml	\$ 210.00	417	Potassium	\$	48.00
	Palladia 10mg / 30 ct	\$ 115.00	2485	Potassium Bromide 10oz.	\$	40.00
	Palladia 15mg/ 30 ct	\$ 184.00		Potassium Bromide 250mg / 60 tablets	\$	24.00
	Palladia 50 mg/ 30 ct	\$ 500.00		Potassium Bromide Level	\$	152.00
3460	Panacur 10 pound packet (3 per pack)	\$ 15.00		Potassium Gluconate Gel 5 oz	\$	16.00
3461	Panacur 20 pounds (3 per pack)	\$ 15.00		Potassium Gluconate Powder (Rena	\$	26.00
3403	Panacur 40 pound packet (3 per packet)	\$ 18,00		Plus)	•	4-00
3464	Panacur liquid/ ounce	\$ 15.00	300/ 1 2204	Potassium Gluconate Tablet Pramoderm HC Spray	\$ \$	15.00
	Panalog Ointment 30 ml	\$ 24.00		Prazosin 0.5mg capsule	\$	27.00
	Pancreazyme 12 oz	\$ 185.00		Pre-op Chempanel Antech-SA040	э \$	15.00 43.00
	Pancreazyme Powder 8oz	\$ 125.00	445	Preanesthetic Blood Screen In house	\$	37.00
	Panmycin Aquadrops	\$ 16.00		Prednisolone 3MG/ml LIQUID per oz	\$	15.00
	Panolog Ointment 15ml	\$ 14.00		Prednisolone Acetate Drops	Š	24.00
538	Parathormone/Calcium (Michigan)	\$ 140.00		PREDNISOLONE Tabs 5mg	\$	15.00
1058	Partial Laryngectomy	\$ 350.00		Prednisone Tabs 5mg	\$	15.00
	Parvovirus Antigen	\$ 101.00		Prednisone Tabs 20mg	\$	15.00
529	PCR Flea /Tick Borne Assay -Feline	\$ 198.00		Previcox 227mg	\$	15.00
	T965	_		Previcox 57mg	\$	15.00
	PCR Bartonella S1315	\$ 160.00		Primor 120	\$	15.00
528	PCR Flea/Tick Borne Assay -Canine	\$ 198.00		Primor 1200	\$	15.00
£10	T960 PCR for FIP Antech T600	\$ 225.00		Primor 240	\$	15.00
	PCR GI Profile - Canine T980	\$ 225.00 \$ 206.00		Primor 600 Pro BNP Test	\$	15.00
	PCR GI Profile - Cataline 1955	\$ 206.00		Procrit	\$ \$	140.00 90.00
,51		- 200.00	2012	FIOCIA	Φ	90.00

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

= Price of item when used as bundle

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PRODUCT	PRODUCT	DEF. PRIC	CE I	PRODUCT	PRODUCT	DE	F. PRICE
ID	DESCRIPTION	(Qty = 1)	ı	ID	DESCRIPTION		y = 1)
	Progesterone Test	\$ 85	.00		Rimadyl 25mg	\$	15.00
	Progesterone Test-	\$ 85	.00	3656	Rimadyl 76mg	\$	15.00
	Proheart > 150#	\$ 110 \$ 95		4327	Ringers Lactated 1000ml (bag)	\$	15.00
	Proheart 100.1-150#	\$ 95	.00		Rocky Mountain Spotted Fever	\$	57.00
	Proheart 30.1- 40#		.00		Salivary Mucoseole	\$	800.00
	proheart 40.1-50 #		.00		Scalibor Dog Tick collar	\$	40.00
	Proheart 50.1-60# Proheart 60.1- 70#	\$ 54 ¢ 50	.00		SCHEDULE RECHECK APPT,	\$ \$ \$	0.00
	Proheart 70.1 -80#	\$ 50 \$ 62	.00		Scrotal Ablation SDMA - Idexx 3638	Ď.	425.00 45.00
	Proheart 80.1-90#	\$ 51	.00		Sebalyt Shampoo Boz	\$	12.00
	Proheart 90.1-100#		.00		Sectrol Two-Way flea foam	Š	14.00
	Proin 75mg	\$ 15	.00		Sectrol Two-Way Pet Spry 15oz	\$	13.00
	Proin/Uriflex 25mg		.00		Semen Analysis (major)	S.	120.00
3605	Proin/Uriflex 50mg	\$ 15	.00		Semen Analysis (minor)	\$	80.00
	Propofol anesthetic	\$ 15 \$ 22 \$ 125	.00		Semen Collection/AI	\$	180.00
	Protein C test-Cornell U	\$ 125			Sentinel 11 to 25#	S 5 5 5 5 5 5	50.00
	Protein Electrophoresis	\$ 160 \$ 99 \$ 15			Sentinel 11-25# single dose	\$	9.00
	Protein/Creatine ratio (363)	\$ 99	.00		Sentinel 2 to 10#	\$	48.00
	Protonix Vial + Inj fee	\$ 15	.00		Sentinel 2-10# single dose	\$	8.00
	Prozinc	\$ 125 \$ 36			Sentinel 26 to 50#	\$	58.00
	Psittacosis serum titer	\$ 36	.00	3231	Sentinel 26-50# single dose	\$	10.00
588		\$ 42	.00		Sentinel 51 to 100#	***	68.00
	PT, PTT (SCA2000)		.00		Sentinel 51-100# single dose	\$	11.00
	PT,PTT,Plate.,Fibrin,D-Dimer PT/PTT	\$ 190 \$ 96			Shelter examination	ž.	0.00
	PTH	\$ 145	.00		Sileo Gel 3ml Simparica 22.1 - 44 # 3 month	Þ	32.00
	PTH- RP	\$ 191			Simparica 11.1 - 22 # 3 month	Ď.	53,00 50.00
	PTT	\$ 40	.00		Simparica 2.8 - 5.5 # 3 month	Φ	48.00
	Pyloroplasty	\$ 400			Simparica 44.1- 88 # 3 month	ė.	54.00
	Pyoben Gel 1oz	\$ 14	.00		Simparica 5.6 - 11 # 3 month	\$	49.00
	Pyometra, canine	\$ 40 \$ 400 \$ 14 \$ 850 \$ 700			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		Simplicef 200 mg	\$	15.00
	Rabies Vac., Canine 1yr	\$ 88	.00		Skin Scraping	\$	42.00
	Rables Vac., Canine 2yr	\$ 35	.00	2242	Slentrol 20ml	\$ \$ \$	55.00
	Rables Vac., Feline 1yr	\$ 43	.00		Slentrol 50mi	\$	109.00
	Rables Vac., Feline Kitten	\$ 93	.00		SMA Profile (major)	\$	112.00
	Radiology Consultation Specialist	\$ 105			Small Animal boarding	\$	18.00
	Reconcile 8 mg 30 tablets	\$ 46	,00		Sodium and Potassium	\$	72.00
	Rectal Prolapse Remove mats (routine)	\$ 325			Sodium Chloride 0.9 percent 1000ml	\$	10.00
	Remove mats (severe)	D 10	.00 .00		bag	_	
	Reporting Fee	φ 1 υ	.00.		Soft Paws Application	\$	45.00
	Resco nail trimmer	Ψ 4 € 12	.00		Soft Paws Nail caps kit . Sonogram screen	\$ \$	14.00
	Resicort Conditioner	\$ 30	,00		Spay cat + Decl 4	ą.	110.00
	Reliculocyte Count		.00	1186	Spay cat/declaw(2)	\$ \$	675.00 550.00
	Return/Credit	\$ 0	.00		Spay dog 15-30 #	\$	305.00
	Returned Check Services	\$ 30.	.00		Spay dog 10-50 #	\$ \$ \$ \$	325.00
	Review		.00		Spay dog 51-80#	\$	340.00
	Revolution Cats 5.1 -15# 6pack	\$ 105	.00		Spay dog 80 lbs+	\$	460.00
3252	Revolution Cats 5.1-15# 3pack	\$ 59.	.00		Spay dog<15 lbs	Š	285.00
	Revolution dog 10.1 - 20# 3pack	\$ 60.	.00	1181	Spay feline	\$	285.00
3245	Revolution dog 10.1-20# 6pack	\$ 105.	.00		Spay feline preg.	\$	675.00
3255	Revolution dog 20.1-40# 3pack	\$ 60.			Spay feline/heat	\$	380.00
	Revolution dog 20.1-40# 6pack	\$ 105.		1195	Spay ferret	\$	120.00
	Revolution dog 40.1-85# 3pack	\$ 63,		1196	Spay mature dog-surgical fee	\$	450.00
	Revolution dog 40.1-85# 6pack	\$ 110.			Spay Rabbit	\$	400.00
3233 3244	Revolution dog 5.1-10# 3pack	\$ 59.			Special Servlate treatment	\$	7.00
3244 3367	Revolution dog 5,1-10# 6pack Revolution dog 85,1-130# 3pack	\$ 103.			Splenectomy	\$	800,00
	Revolution dog 65, 1-150# Spack	\$ 80. \$ 53.			Staph Lysate Inj	\$ \$ \$	118.00
	Rheumatoid Factor	\$ 59.			Stenotic Nares Repair Stone analysis	\$	350.00
	Rimadyi 100mg	\$ 15	.00		Subcutaneous Fluids	\$	92.00 38.00
	Rimadyl 100mg 180ct.	\$ 280.			Sucraifate tablets	S S	15.00
					and with the same of the same	Ψ	10.00

DEF. PRICE includes Pkg Fee, Min Price, and Round Off Page 11
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PRODUCT	PRODUCT	DE	F. PRICE	PRODUCT	PRODUCT	DEF.	. PRICE
ID	DESCRIPTION		y = 1)	ID	DESCRIPTION	(Qty	
	Sulfasalazine	\$	9.00		TLI B12 Folate Texas Feline	\$	145.00
	Sulfoxydex 8 ounces	\$	14.00		TLI Canine Antech T230	\$	160.00
	SulfOxyDex Shampoo 12fi oz.	\$	18.00		TLI Feline Antech S16800	Ś	88.00
3776	Supplical 5.0oz	\$	8.00		TLI/B12/Folate Antech SA 160	\$	155.00
865	Surgery Dr. Sevalla/ Infernuso	\$	800.00		(Canine)		
	Surgical tooth extract. major	\$	300.00		TLI/812/Folate Antech SA275 (Feline)	\$	144.00
	Surgical tooth extractinter	\$	110.00		Tobremycin 5ml	\$	24,00
	Surgical tooth extractsimple	\$	80.00		Torbutrol 6mg	\$	15.00
	Surolan 15ml	\$	31.00		Total Protein	\$,	48.00
	Suspension, Chicken Flavored 1oz	\$	7.00	563	Toxoplasmosis IgG/IgM canine	\$	155.00
	Synotic (10ml) with Baytril 10(ml)	\$	64.00		(\$85030)		
	Synotic 8 ml	\$	25.00		Toxoplasmosis IgG/IgM Feline (T-720)	\$	145.00
3412	Synotic w/ 3 ml enroflexacin	\$	42.00		Tracheal Wash/collection	\$	285.00
	22.7mg/ml	_			Tracheolomy	\$	300.00
	Syringe 6-12cc	\$	1.00		Tramadol 50mg	\$	19.00
	Syringe filled with medication	\$	8.00		Tranquilization	\$	55.00
	Syringe tuberculin	\$ \$	0.50		TraZodone 100mg Tablet	\$	15.00
	Syringe-Insulin U40 Box	Ď.	27.00		Tresaderm Solution 15ml	\$	35.00
	Syringes 35-60cc	\$ \$	2.00		Tribrissen Oral Susp. 48mg/ml	\$ \$	12.00
	Syringes 3cc 22g or 20g	\$ \$	0.75		Tribrissen Tabs 120mg	Þ	12,00
652	T- connector	ð.	5.00		Trichomonas Fecal PCR to Texas	\$ \$	130.00
552 551		φ.	79.00 62.00		Trifexis 10.1-20#	Þ	115,00
	T8 Keto Flush	\$ \$	13.00		Trifexis 20.1- 40# Trifexis 40.1-60 #	\$	120.00
	Tagamet 300mg	\$	1.30		Trifexis 5 -10#	\$ \$	122.00
	Tagamet Tabs 200mg	\$	1.20		Trifexis 60.1-120 #		112.00
	Tear duct flush	ě	65,00		Triglyceride	\$ \$	125.00 48.00
	Technician Overnight Sat. 5 pm on	\$	275.00		Trimethoprim Sulfa Tabs 120mg	\$	15.00
94	Technician Overnight Service	š	200.00		Trimethoprim Sulfa Tabs 480mg	\$	15.00
	Technician Overnight Sun. 12pm- on	\$	350.00		Tritrichomonas PCR (Inc. shipping)	\$	98.00
	Teeth Clip-lab animal	\$	28.00		TrizChlor 4 Spray Boz	\$	26.00
	Telephone & L/D Charges	š	0.00		TrizEDTA 4fl oz.	\$	18.00
	Tendon Repair	\$	450.00		TrizEdta w/12 ml Enroflex 100mg/ml	\$	50.00
	Tendonectomy	\$	400.00		inj	•	00,00
3578	Terramycin oph. olntment	\$ \$	23.00	1200	Tru-cul biopsy needle	\$	90.00
	Testicular Tumor	\$ \$	450.00	2354	Tussigon Tablets 6 mg	\$	19.00
310	Testosterone	\$	150,00	2557	Tylan	\$	110.00
	Tetracycline Caps 250mg	\$ \$	15.00	2564	Tylan .25 bottle	\$	32.00
2279	Tetracycline Caps 500mg	\$	15.00	616	Ultrasound	\$	360.00
	Theophylline CR 200mg	\$ \$	15.00		Ultrasound Dr. Reid	\$	375.00
	Theophylline CR 300mg	\$	15.00		Ultrasound - 2 cavitles	\$	605.00
	Theophylline extend 100mg	\$ \$	15.00	618	Ultrasound and Biopsy	\$	575.00
	Thoracic Tap - Drain Fluid	\$	155.00	627	Ultrasound and Biopsy Dr Reid	\$	0.00
	Thoracotomy	\$	1,000.00		Ultrasound guided aspirate	\$	140.00
	Thryoid autoentibody	\$	52.00	629	Ultrasound guided aspirate Dr Reid	\$	0.00
518	Thyroglobulin Auto Antibody Test	\$	89.00	620	Ultrasound guided blopsy only	\$	220.00
ECO	(T605)		00.00		Ultrasound guided biopsy only Dr Reid	\$	0.00
7007	Thyroid -Post post pill (4-6 hours) T496	\$	62.00		Ultrasound-Focused assessment	\$	90.00
3321	Thyroid .5mg /100 tab (SOLOXINE BRAND)	\$	20.00		Urethrostomy	\$	800.00
EST	Thyroid Profile T4,fT4 SA370	\$	425.00		Urethrostomy/feline male	\$	800.00
		\$	135.00		Urinalysis (complete)	\$	49.00
955	Thyroid profile-TSH,FT4,T4 Test (SA380)	Φ	185.00		Urinalysis (Ketodiastix)	\$	14.00
3326	Thyroid Tabs 0.1mg / per 100	\$	15.00		Urinalysis (multi stix)	\$	30.00
	Thyroid Tabs 0.2mg/100	\$	15,00		Urinalysis-specific gravity	2	25.00
	Thyroid Tabs 0.3mg/100	\$	15,00		Urinary Obstruction/canine Urinary Obstruction/feline	\$ \$ \$	275.00
	Thyroid Tabs 0.5 mg/100	\$	15.00		Urine Culture Neg	ф	275.00
	Thyroid Tabs 0.6mg/100	\$	15.00		Urine Specific Gravity	\$ \$	0.00
	Thyrold test-free T4 by dialys	\$	125.00		Urchydropulsion	\$	25.00
556	Thyroid=FT4,T4,TSH,AutoAntibody	\$	210.00		V-Kem dip	\$	325.00 12.00
	(SA400)	•	0.00		V-Kem Sipho + Fogger 12oz	\$	16.00
	Thyroldectomy	\$	800,00	3800	V.A.L. syrup bottle	\$	42.00
	Tick Serl-SA330 LY,RMSF,Ecanis	\$	154.00		Vaginal Smear	\$	42.00
	Timentin antibiotic-bottle	\$	32.00		Valium Tabs	Š	9.00
						+	

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

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PRODUCT	PRODUCT	DEF	PRICE
ID	DESCRIPTION	(Qty	
	Venoset 73"		4.00
	Veraflox 25mg/ml 15ml	******	35.00
	Vetmedin 1.25mg	Ś	15.00
3270	Vetmedin 5mg tablet	\$	15.00
3769	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
	VIP CAT DIP	\$	13.00
	Vitamin K Tablet 5mg	\$	15.00
	Vitamin K Tablets 25 mg	\$	15.00
	Von Willebrand's Titer	\$	190.00
	Wing Clip	\$	20.00
453	Wisdom Panel	\$	180.00
	with Physical examination	\$	0.00
	Write In w/ RX	\$	0.00
4999	Write-Off Services	\$	0.00
601	X-Ray Addition 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
	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	\$	158,00
2487	Zonisamide 100mg	\$ \$ \$ \$ \$	15.00
	Zonisamide 25mg	\$	15.00
2488	Zonisamide 60 mg capsules	\$	15.00
	Zonisamide Level- Antech	\$	195.00

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

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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#; CQDA15000004

Contract Details



Department: District Attorney

SERVICE Veterinary Services

NIFS ID #: CQDA15000004

NIFS Entry Date: 02/10/15 Term: 03/01/15 -- 02/29/16

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

Agency Information

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

C	ounty Department
	ment Contact rt McManus
Addres	is
Nassa	iu County District Attorney's Office
262 (Old Country Rd.
Mine	ola, NY 11501
Phone	
(516)	571-3354

Routing Slip

DATE Rec'd.	DÉPARTMENT	Internal Verification	DATE Appylda SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	X 2/10/15 Viele Concl	
		Contractor Registered X	1 Hidis Munof	
	OMB	NIFS Approval (Couractor Registered)	1/17/15 1/18/20 1/ See 1	Yes No No Not required if blanket resolution
2/19/15	County Attorney	CA RE & Insurance Verification	12/19/15 Quits	
2/2/2	County Attorney	CA Approval as to form	02/2019	Ye s目No [2]
2/12/25	Legislative Affairs	Fw'd Original Contract to CA		
efection	County Attorney	NIFS Approval	Definition of	744, 55, EUG 1960 Volta (1961) (4, 1971)
[[Comptroller	NIFS Approval	DISIET 16 MED Show) •
44/s	County Executive	Notarization Filed with Clerk of the Leg.	17/1/w (L WW	



Department: District Attorney

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.
To (T)
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.
This agreement will be tailed by discitionary fortetiare tailes with no cost to Hassad County.
Change in Contract from Prior Procurement:
No change.
Recommendation: Approve as submitted.
Advisement Information
PUDCET CONFC FINDING COURGE ANOTHER TIMES CAMPEN OF TO CO.

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

FUNDING SOURCE	AMOUNT
Revenue Contract	XXXXXXX
County	\$
Federal	s
State	\$5,000.00
Capital	\$
Other	\$
TOTAL	\$5,000.00

LINE	: - INDEX/OBJECT CODE	AMOUNT
1	DAGRT891AOTH/DE500	\$5,000.00
2		\$
3		\$
4	(. Unato) 2/19/15	\$
5		\$
6		\$
	TOTAL	\$5,000.00

RENEW	ΔL_{z}
% Increase	
% Decrease	

cument Prepared By:	R. McManus

Date:	02/10/15	
-------	----------	--

			
1 1 21 4 2	NIFS Certification 75 Year	Comptroller Certification Particles (2)	County Executive Approval
	scartify that this document was accepted into AIFS.	I certify that an unsectumbered balance sufficient to cover this contract is present in the acruopristion to be charged.	Name (LM)
Name	(A - A)	Name (2)	Date
	((⁽ , [\)]),	Myruc	2/27/6
Date		Date	(For Office Use Only)
	4711	4/1/15	E#:

Howard S. Weitzman 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

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. X 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.
X 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

provides further details as to why a competitive process is not appropriate in this situation.

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

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

<u>NOTE:</u> 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



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

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").

WITNESSETH:

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. <u>Term</u>. 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. <u>Services</u>. 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) <u>Timing of Payment Claims</u>. The Contractor shall submit claims no later than three (3) months following the County's receipt of the services that are the subject of the claim and no more frequently than once a month.
- (d) <u>No Duplication of Payments</u>. 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) <u>Payments in Connection with Termination or Notice of Termination</u>. 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) <u>Reallocation Among Line Items</u>. 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. <u>Independent Contractor</u>. The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "<u>Contractor Agent</u>"), be (i) deemed a County employee, (<u>ii</u>) commit the County to any obligation, or (<u>iii</u>) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "<u>Person</u>" means any individual person, entity (including partnerships, corporations and limited 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) <u>Nassau County Living Wage Law.</u> 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) <u>Records Access</u>. The parties acknowledge and agree that all records, information, and data ("<u>Information</u>") 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 <u>Contractor acknowledges that</u> 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) <u>Protection of Client Information</u>. 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. <u>Minimum Service Standards</u>. Regardless of whether required by Law: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.
- (b) The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.
- 8. <u>Indemnification; Defense; Cooperation</u>. (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, and agents (the "<u>Indemnified Parties</u>") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("<u>Losses</u>"), 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; <u>provided</u>, <u>however</u>, 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. <u>Insurance.</u> (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. <u>Termination</u>. (a) <u>Generally</u>. 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. <u>Limitations on Actions and Special Proceedings against the County</u>. 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) <u>Notice</u>. 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) <u>Time Limitation</u>. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.

- 14. Work Performance Liability. The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.
- 15. Consent to Jurisdiction and Venue; Governing Law. Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.
- 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. <u>Section and Other Headings</u>. 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) <u>Approval and Execution</u>. 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

Title:__ Date:_

NASSAU COUNTY

Name:_

County Executive

Title: Deputy County Executive

Date:_

PLEASE EXECUTE IN BLUE INK

)ss.: COUNTY OF NASSAU) On the 5 day of Full in the year 2015 before me personally came 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 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. MICHELE A. SCARAZZINI NOTARY PUBLIC NOTARY PUBLIC-STATE OF NEW YORK No. 018C6106842 Qualified in Nassau County My Commission Expires March 15, 2016 while Econogypu STATE OF NEW YORK)):sz.(COUNTY OF NASSAU) On the May of February in the year 2015 before me personally came 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,

STATE OF NEW YORK)

OCLIDATION PLATEL COL History FebSt, Cesta of Blair York History FebSt 19998 Quartied In Massau County Commission Expires April 02, 20

APPENDIX A

Mid Island Animal Hospital

Price Listing

Wednesday, December 17, 2014

PRODUCT	PRODUCT	DEF	PRICE	PRODUCT	PRODUCT	DEF	. PRICE
D	DESCRIPTION	(Qty	r= 1)	ID	DESCRIPTION		į = 1)
				303	Semen Analysis (minor)	\$	45.00
Category N	ame: ANESTHESIA SERVICES				Semen Callection/Al	Š	160.00
• •					Thryold autoantibody	š	52.00
799	*Write In5	5	0.00		Vaginal Smear	Š	35.00
	Blood pressure monitor & IV	Ś	28.00		•	•	VC.04
700	ECG Monitoring Service	Š		Category Na	ame: DENTAL SERVICES		
	Electronic anesthesia monitor+	\$	52.00	0029013111	allo, dell'ine dell'ilded		
	Gas anesthesia > 60 lbs	\$	125.00	1000	Write In8		
	Gas anesthesia < 25 lbs	Š	110.00			\$	0.00
	Gas anesthesia 26-60 lbs	\$			Deciduous teeth-extract 1	Ş	55.00
			115.00		Deciduous teeth-extract 2	\$	80.00
	Gas anesthesia-Xrays	\$	100.00		Deciduous teeth-extract 3	\$	105.00
	Gas Anesthesia/addil hour	\$	80.00		Deciduous teeth-extract 4	\$	120.00
700	Injectable anesthesia - Cats	\$	80.00		Dental Cleaning	\$	75.00
	Injectable anesthesia - Doge	\$	90.00		Dental Cleaning-	\$	88.00
	Local Anesthesia	\$	55.00		Dental Cleaning-	\$	105.00
	Oxygen - First Hour	\$	50.00		Dental Cleaning—	\$	120.00
	Oxygen additional hours	\$	15,00		Extraction(s)	\$	28.00
	Propofol anesthetic	\$	22.00	1898	EXTRACTIONS ARE ADDITIONAL	\$	0.00
708	Tranquilization	\$	55.00		Oral pro-severe tartar	\$	135.00
					Oral Surgery (dental related)	\$	60.00
Category N.	ame: AVIAN-EXOTIC ANIMAL SERV	ICES		1811	Surgical tooth extract, major	3	300.00
0 ,				1812	Surgical tooth extractInter	\$	110.00
6000	(PRO.SERV/AVIAN+, 6000-6099)	\$	0.00		Surgical tooth extractsimple	Š	80.00
	Write In14	\$	0.00	1010	ouigious to our oxidest. Simple	4	00.00
0100	7777G ji 17-1	Ψ	0.00	Category N	ame: DEWORMING SERVICES		
Category N	ame: BOARDING SERVICES			Ontogoty 14	anie, DEWORKING SERVICES		
o congoly it				2100	*Write In11	\$	5.00
1900	(BOARDING FEES, 1900-1920)	\$	0.00		Deworming - inject, < 15 lbs	Š	0.00
1001	nights 60 ft and sight	\$	0.00				32.00
1000	_ nights @ \$ per night _ nights @\$ per night +tax	\$			Deworming - Inject. > 60 lbs Deworming - inject. 15-30 lbs	ş	48.00
1930	Write In9		0.00			\$	35.00
		\$	0.00	2102	Deworming - Inject. 31-60 lbs	\$	40.00
	Bird boarding	\$	12.00		Deworming - oral	ş	20.00
	Boarding w/ Fluids	\$	15.00		Deworming - oral (pup/kit)	\$	8.00
	Canine boarding <25#	\$	23.00		Deworming-oral(w/Office Visit)	\$	14.00
	Canine boarding >90#	\$	38.00				
1902	Canine boarding 26-60#	\$			ame: EXAMINATION SERVICES		
1903	Canine boarding 61-90#	\$	32.00				
1908	Canine boarding c med <25#	\$	27.00		*Write In0	5	0.00
	Canine boarding c med >90#	\$	42.00	160	Bordatella-without other serv.	\$	48.00
	Canine boarding c med 26-60#	\$	33.00	159	Bordefella Vaccination	\$	38.00
	Canine boarding c med 61-90#	\$	37.00	125	Canine Influenza Vaccine	\$	45.00
1923	Canine Boarding- Day Boarding	\$	22.00	193	Canine Rables 2 years	Š	45.00
1919	Canine diabelic bd <25#	\$	35.00			5	35.00
1913	Canîne diabetic bd >90#	\$	47.00	191	Corona vaccine with other vac.	\$	12.00
1920	Canine diabetic bd 26-60#	\$ \$	38.00	164) Corona vaccine Corona vaccina with other vac. DA2P-CPV Vaccina	\$	40.00
1912	Canine diabetic bd 61-90#	\$	42.00		DA2PCPV + Rables 1 year vac.	Š	90.00
	Diabetic Boarding-dally les	\$	6.00	146	DA2PCPV + Rabies 2 years vac. with		90.00
	Feline boarding	\$	20.00		Exam		20,00
	Feline boarding with med.	\$	22.00		DA2PCPV + RV1 vaccine	.	
	Feline Boarding - Day Boarding	\$	15.00		DA2PCPV + RV2 vaccing	\$ \$	50.00
	Feline diabetic boarding	\$	35.00		DAZPOPV FRVZ Vaccing DAZPOPV Puppy 30 day		50.00
	Ferret Boarding	\$	33.00			\$	85.00
	Medication Fee (1)	\$	1.00	121	DA2PCPV Puppy Final Tyear	\$	85.00
	Small Animal boarding	\$	14.00		DA2PCPV Tri- Annual Vaccination	\$	33.00
1910	CHINAL CHARIOT DOGEDING	Þ	14.00		Fecal Float Neg	\$	0,00
/ N	ama: BREEDING economic			194	Feline Rables 1 year	3	45.00
	ame: BREEDING SERVICES			190	Feline Rabies 2 years	\$	45.00
Category N				17,	i recviyeai	\$	85.00
	A wife at all a constructions of the construction of the construct	_					00.00
305	Artificial Insemination (comp)	\$	160.00		3 FeLV 30day	\$	
305 308	Cardiopet-routine exam	\$	95.00	137	FeLV BI- Annual Vaccination	\$	35.00
305 308 309	Cardiopet-routine exam Cardiopet-stat exam	\$ \$	95.00 140.00	133 187	PeLV BI- Annual Vaccination FeLV w/other Vaccines	\$ \$	35.00 30.00
305 308 309 302	: Cardiopet-routine exam : Cardiopet-stat exam : Progesterone Test	\$ \$ \$	95.00 140.00 56.00	137 187 154	2 FeLV 8I- Annual Vaccination 7 FeLV w/other Vaccines 1 Ferret Distemper Vaccine	\$ \$	35.00 30.00 60.00
305 308 309 302 301	Cardiopet-routine exam Cardiopet-stat exam	\$ \$	95.00 140.00	137 167 154 1 157	PeLV BI- Annual Vaccination FeLV w/other Vaccines	\$ \$	85.00 35.00 30.00 60.00 78.00

OEF, PRICE includes Pkg Fee, Min Price, and Round Off : = Price of Item when used as bundle

Page 1

PRODUCT	PRODUCT	DEF.	PRICE	PRODUCT	PRODUCT	DEF.	PRICE
10			= 1)		DESCRIPTION	(Oty	
150		7-17			Groom- shave all hair per hour	\$	70.00
Catagory Na	ime: EXAMINATION SERVICES (Cont.	1			Grooming by Professional	š	40.00
		•			Mitaban Dip only + mitaban bottle	3	70.00
135	FIP Annual Vaccination	\$	42.00		Remove mats (routine)	\$	10.00
	FIP Vacc. Series #1 of 2	\$	42.00	2055	Remove mats (severe)	\$	25.00
137	FIP Vacc. Series #2 of 2	S	42.00				
175	FVR-CP + RVi	\$	58.00	Catogory No	ame: HOSPITALIZATION SERVICES		
176	FVR-CF + RV2	\$	58.00				
	FVR-CP Vaccine (mlv)	\$	35.00		(DAILY CARE FEES, 1820-1639)	\$	0.00
	FVRCP Kitten 30day	\$	85.00		(FLUID THERAPY, 1600-1619)	\$	0.00
	FVRCP Kitter Final Tyear FVRCP Kitter Vacc. #3 of 3	5	85.00		(HOSPITAL INJECT., 1640-1659)	\$	0.00
		\$	05.00		*Write In7	\$	0.00 0.00
	FVRCP Tri-Annual Vaccination	\$	33,00		<day 1629-1639="" care-reserved=""> Additional Injections</day>	Š	12.00
	FVRCP,Rabies 1 year,FeLV vac.	à	90,00 105.00		Bird or Lab Animal Hospit.	\$	45.00
	FVRCP,Rabies,FeLV vac.	e e	0.00		Blood Transfusion Cat-type A	\$	295.00
	Heartworm Neg Leptospira Annual	\$ \$ \$	35.00	,001	bloodbank	•	200.00
	Leptospira Vacc. #1 of 2	\$	35.00	1618	Blood Transfusion Dog- double unit	\$	285.00
	Leptospira Vacc. #2 of 2	Š	35.00		Blood Transfusion Dog- single unit	Ş	195.00
	Leukocell (FeLV) Vaccine	Š	35.00		Burette	Š	22.00
	Lyme Annual Vaccination	\$	38.00	1040	Outh steer see	\$	4.00
	Lyme Series #1 w/ other vac.	\$	38.00	1628	Catheter cap Catheter placement-IV Cats Hospitalization	\$	50.00
	Lyme Series \$2 w/ other vac.	\$	38.00	1822	Cats Hospitalization	\$	60.00
117	Lyme Vacc. Series #1	\$	80.00	1616	Central Ven Press, measurement	5	65.00
118	Lyme Vacc. Series #2	\$	80.00	1621	Day Patient Care	\$	45.00
161	Lyme Vaccination w/ other vac.	\$	38.00	1623	3 Dogs < 21 lbs Hospitalization 5 Dogs > 51 lbs Hospitalization 4 Dogs 21-50 lbs Hospitalization	\$	62.00
95	Miscellaneous Test/Treatments	\$	0.00	1628	5 Dogs > 51 lbs Hospitalization	\$	70.00
3450	Prohearl > 150#	\$	110,00	1624	Degs 21-50 lbs Hospitalization	\$	65.00
3230	Proheart 1-10#	\$	34.00		Extension Set	3	4.00
3231	Lyme Vacc. Series #2 Lyme Vaccination w/ other vac. i Miscellaneous Test/Treatments i Proheart 1-10# Proheart 1-10# Proheart 10.1-150# i Proheart 100.1-150# i Proheart 30.1-40# i Proheart 40.1-50 # i Proheart 40.1-70# i Proheart 80.1-70# i Proheart 80.1-90# i Proheart 80.1-90# i Proheart 80.1-90#	ş	38.00		Ferret Hospitalization	5 5 5 5 S	60.00
3315	Proheart 100.1-150#	\$	95.00		4 Fluid Therap Addtl Bottles	÷,	18.00
3233	3 Proheart 30.1-40#	à	46.00		3 Fluid therapy - burette 3 Fluid Therapy IV First Bottle	ş	25.00 72.00
3234	1 proheart 40.1-50 #	3	50.00 58.00		6 Fluid Therapy-daily care	¢	50.00
3400	3 Proheart 60.1-70# 3 Proheart 70,1 -80#	ş	62.00		0 Fluids-Irrigation 500 ml bottl		10.00
3233) Proheat 80.1-90#	¢	51.00		6 Fresh Frozen Plasma 1 unit	\$ \$ \$	160.00
1261	Proheart 90.1-100#	\$	70.00		1 Fungal Culture - Negative	Š	0.00
170	Rables Carine wiether vaccines	3	30.00		2 I.V. Adapter cap	Ś	4.00
17	Rables Feline w/other vaccines	5	30.00		0 Intensive care	\$	150.00
141	Rabies Vac., Caning 1vr	\$	85.00	161	5 IV catheter placement	\$	65,00
143	2 Rabies Vac., Canine 2yr	\$	33.00	" 161	5 IV catheler placement	\$	126.00
140	3 Rabies Vac., Feline 1yr	\$	38.00	160	7 Iugular Catheter	\$	45.00
14	1 Proheart 80.1-90# 1 Proheart 90.1-100# 2 Rabies Canine w/other vaccines 1 Rabies Peline w/other vaccines 1 Rabies Vac., Canine 1yr 2 Rabies Vac., Canine 2yr 3 Rabies Vac., Feline 1yr 4 Rabies Vac., Feline fyr 9 Rabies Vac., Feline fyr 1 Rabies Vac., Feline 6 1 Rabies Vac., Feline 6 2 Rabies Vaccine 1yr 2 Rabies Vaccine 1yr 3 Rabies Vaccine 1yr 4 Rabies Vaccine 1yr 5 Urine Culture Neg	\$	90.00	160	9 Subcutaneous Fluids	\$	35.00
16	9 Rables Vaccination, Canine 1yr	\$	35.00		1 T- connector	\$	5.00
19:	2 Rabies Vaccine fyr canine	\$	45.00		3 Technician Overnight Sat. 5 pm on		275.00
91	5 Urine Culture Neg	8	0.00		4 Technician Overnight Service	\$ \$	200.00
				5	2 Technician Overnight Sun. 12pm- on	Φ	350.00
Calegory N	lame: GROOMING-BATHING SERVIC	ES		Calana	Name; INVENTORY-INHOUSE-EXPEN	MADL!	c e
0.00	9 *Write in 10	\$	0.00		Mattle: IMAENTOWI-IMHOOPE-EXPEN	UNDL	23
	1 Bath • medicated more than 80#		44.00)1 (FLUIDS, 4301-4399)	4	0.00
	0 Bath Medicated 20 lbs or less	\$	38.0		00 (HOSP/GEN.MED SUP, 4500-4649)	S .	0.00
	2 Bath Medicated 51 to 80 lbs	\$	42.0		00 (INVENTORY, 4300-4999)	\$	0.00
	1 Bath Medicated 21 to 50 lbs	\$	40.0		0 (LABORATORY SUP., 4650-4799)	\$	0.00
200	3 Bath Medicated 81 lbs or more		46.0	D 440	00 (MAINT/WARD SUP., 4400-4499)	\$	0.00
200	3 Bath Medicated 81 lbs or more 7 Bath Medicated Feline	\$	35.0	0 480	10 (OFFICE/COMPUTER, 4800-4899)	\$	0.00
200	5 Bath- boarding	\$	24.0		00 (RADIOLOGY SUP., 4900-4999)	3	0.00
	4 Bath-Cosmetic	\$	35.0		18 Butterfly 21ga	\$	2.00
	4 Bath-Cosmetic 3 Bath-Dermazolo shampoo 2 Bath-lyme sulfer	\$	60.0	0 43	25 Collar 10" and 12"	\$	8.00
	2 Bath-lyme sulfer	\$	45.0	U 430	26 Collar 15" through 30"	\$	10.00
	6 Ear Cleaning & Nails	\$ \$	25.0		29 DAP Coller Med-Lg.	\$ \$	48.00 42.00
	4 Groom - therapautic/major 5 Groom - therapautic/mtnor	\$	40.0 20.0		28 DAP Collar Small 59 Needle 20ga x 1"	\$	0.25
202	э Спонт - шавараластиног	÷	AU.U	9 49	ON THEORIE AUGO N 1	ø	0.23

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

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RODUCT P	RODUCT	DEF.	PRICE	PRODUCT	PRODUCT		PRICE
D D	ESCRIPTION	Qty	= 1)	ID	DESCRIPTION BUN/Creatining	(Qty	
				424	BUNI/Creatinine Calcium Calcium-ionized Calcium-ionized & PTH(S16595) Canine Infuenza Titer Cornell CBC (complete blood count) CBC, Miniscreen (910) CBC, SMA Profile CBC, SMA, UA Cholesterol Cholinesterase	\$	58,0
ategory Nam	io: INVENTORY-INHOUSE-EXPENI	DABLES	(Con	407	Calcium	\$	45.0
4550 N			2.00	413	Colsium issies 4 PTIVO466065	\$ \$	92.0
	eedles 18g x 1"	ţ	0.30	410	Carlos Infrarea Titos Carroll	\$	184.0
	eedles box 18g x 1"-100	Ş	18.00	430	CRC (complete bland count)	\$	0.08 0.08
4555 PI	ingers Lactated 1000ml (bag)	5 5	6.00 7.00	418	CBC Miniscrean (910)	\$	75.0
	yringe 6-12cc	3	1.00	421	CRC SMA Profie	\$	121.0
	yringe of 1200 yringe luberculin	\$	0.50	419	CBC SMA HA	œ.	143.0
	yringe toberconn yringe-insulin U40 Box	Ť	24.00	391	Cholesterol	\$	40.0
4571 S	yringe-insulin U40 Box yringes 35-60cc	3	2.00	409	Cholinesterase	\$	106.0
4522 S	yringes 3cc 22g or 20g	Š	0.75	432	Clostridium enterotoxin	\$	132.0
	enoset 73"	š	4.00		Coombs lest	\$	106.0
	/rite-Off Services	ŝ	0.00	568	Cortisol level	\$	68.0
	The series and the series are series and the series are series and the series are series	*	0.00	471	Cortisol level Cortisol/creat ratio (361) Cortrosyn (per 0.10ml) CPK serology #014 Creatinine Cryptococcus titer	\$	122.0
atspory Nam	te: LABORATORY SERVICES			523	Cortrosyn (per 0.10ml)	\$	58.0
				545	CPK serology #014	\$	43.0
400 (E	SLOOD CHEMISTRY, 400-435)	\$	0.00	410	Creatinine	S	50.0
	HEMATOLOGY, 436-460)	š	0.00	558	Cryptococcus liter	\$	122.0
	MICROBIOLOGY, 461-479)	\$	0.00	399	Culture & Sens Combo Aerobic &	\$	196.0
	PARASITOLOGY, 480-499)	\$	0.00		Anaerobic		
	PATHOLOGY, 500-519)	5	0.00		Culture & SensAerobic	\$	88,0
	ľOXICOLOGÝ, 570-579)	Š	0.00	463	Culture & Sensbacterial (Urine)	\$	88.0
	JROLOGY, 580-597)	5	0.00		Culture-anaerobic	\$	116.0
599 °V	Write In3	\$	0.00	469	Culture-Blood	\$	132.0
408 a	ccu Plex 4	5	43.00	479	Culture-Florid Culture-fungus swab (ANTECH) Culture-Ringworm DTM Culture-Salmonella/Campyl. Cytology (in house) Cytology and aspirate Cytology and aspirate Cytology and aspirate	\$	122.
521 A	ccu Plex 4 cetylcholine receptor test CTH Resp. 4 hrs & 5 hrs Post	\$	240.00	470	Culture-fungus swab (ANTECH)	\$	68.
631 A	CTH Resp. 4 hrs & 5 hrs Post	\$	85.00	464	Culture-Ringworm DTM	\$	105.
T	rilostane			468	Culuture-Salmonella/Campyl.	5 5	132.
	CTH Resp. 4 hrs & 5 hrs Post	3	143.00	531	Cytology (in nouse)		38.
	rllostane			502	Cytology and aspirate	\$ \$	81.0
522 A	CTH response test	\$	85.00	/	Cytology-ear D-Dimer	\$ \$	35.0
522 A	CTH response test	\$	143.00	504	Dexamethasone Suppression test	\$	90.4 162.4
393 A	CTH Response Feline	\$	72.00	C74	Diamete Access	rite.	62.
292 H	.∪ i H Kesponse- reline	5	130.00	304	Digom Assay Distemper (IgG, IgM) Antech T555 Oistemper/Parvo titer T565 Ear cytology slide Ear Mite Swab Ehlichia canis 6ter Eancont I Count 5 ancont Urine Test	S	113.
540 A	drenal Profile Test-Tennessee	\$	275.00	566	Distemper/Parvo tiler T565	\$	108.
	lbumin	ş	40.00	490	Fat cytology slide	\$	35.
392 A	ldosterone Level Ikaline Phosphatase Iliergy TestingIgE Imylase	\$	132.00	481	Ear Mite Swah	\$	30.
401 A	lican Tanka Ist	÷	40.00 175.00	437	Eblichia canis üler	3	122
402 A	imylase	\$	40.00	440	Eosinophil Count	\$	30.
402 A	WA antiquetose estibado tant	\$	95.00	495	Fanconi Urine Test	Ś	139
513 A	.NA-antinuclear antibody test .spirate i-12 (Antech 838)	\$	32,00		FAVN Rabies Anlibody Titer KSU w/o	\$	200
512 B	i-12 (Antech 838)	5	72.00		ship		
672 G	10/Calaia Asaau (Aslash C10105)		87.00	544	Fecal alpha 1 protease inhibitor	\$	145
569 8	12/Folate Assay (Anlech S16195) Jabesia canis fiter	Š	122.00	483	Fecal antech laboratory 'T805'	\$	43
514 B	sabesia canis filer tartonella western blot test sille Acids-pre tillin Acids-pre tillin (direct) tillin (total) tlopsy-margin evaluation tlopsy-surgical margin eval. tlood Collecting Fee	s	52.00	498	3 Fecal Baerman	\$	122
428 B	ille Acids pre+post	\$	123.00	1 497	Fecal Direct	\$	38
427 B	ila Acids-pre	\$	81.00	, 482	Pecal Examination	\$	38
403 B	Blirubin (direct)	\$	43.00	1 498	Fecal Pathogen (Antech caode SA350)} \$	212
404 B	Bilirubin (total)	\$	43.00	100	7 Fecal-float and glardia elisa (test 405)		52
494 B	llopsy-margin evaluation	\$	81.00	en.	3 Fecal-Occult Blood	\$	71
517 B	liopsy-surgical margin eval.	\$	81.00	' cn.	5 Fel Ser II(FIV,Fet,V,FIP,Toxo)	\$	79 67
557 B	Blood Collecting Fee	\$	45.00	, co	3 Feline Leukemia (Elisa) 4 Feline Leukemia (EA) Tasi	\$ \$	57 101
579 B	llood crossmatch	5	80.00		4 Faline Leukemla (FA) Test 2 Fibrinogen and D-dimer	ě.	110
454 8	stood Processing Fee	\$	55.00		5 FIP Elisa (7B) proteins	¢.	57
578 B	stoco type	\$	75.00		4 FIP titer	\$ \$ \$	66
585 H	noon type and crossmatch	3	110.00	´ 53:	5 FIV Test	\$	46
4/0 8	iona Macrair Evandadi adilaat	ð r	115.00 240.00	,	2 FIV-Western Blat Test	Š	175
501 B	stood Collecting Fee stood Processing Fee stood type stood type and crossmatch SNP Cardiac Test sone Marrow Exam/Incl. collect strucellosis Titer buffy Coat	à	240.00 85.00		S FIV/FeLV Test	\$	65
77 E	Buffy Coat	5 5	95.00	en en	4 Flow Cytometry- CSU + ship	\$	220
	BUN (azo-slix)	3	17.00	, 50.	3 Fluid analysis & cytology	\$	164
	on tano-any	Ψ	11.05		4 Fluid analysis and collection	2	191

DEF, PRICE includes Pkg Fee, Min Price, and Round Off ' \cong Price of item when used as bundle

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	PRODUCT	DEF.	PRICE	PRODUCT	PRODUCT	DEF.	PRICE
ID	DESCRIPTION	Qty	= 1)	ID	DESCRIPTION	(Qty	
				460	PLI lest-idexx Feline test 2493	\$	72.00
Category N	ame: LABORATORY SERVICES (Cont)			PLI- Canine/Feline snep test	\$	55.00
	F T1			417	Polassium	\$	40.00
	Free T4	ş	103.00	260	Polassium Polassium Bromide Level Pre-op Chempanel Antech-SA040 Prespective Bland Serves in house	\$	143.00
	Fructosamine test -diabetics	5	86.00	300	Properties Blood Pages In house	\$	43.00
		\$	25.00	440	Preanesthetic Blood Screen in house Pro BNP Test	\$ \$	37,00
550	Fungal Histopiasmosis Ag-Urine Fungal profile serology	\$ \$	262.00 111.00		Protein C test-Comell U	\$	122.00 90.00
500	GGT/Creatinine Ratio (code T930)	ą.	90.00	542	Protein Electrophoresis	\$	148.00
484	Giardia Elisa	5	53.00	449	Protein/Creatine ratio (363)	•	95.00
	Glucose (sugar)	\$	40.00	588	PT	\$ \$	42.00
429	Glucose-serial exam (ANTECH)	\$	118.00	595	PT. PTT (SCA2000) PT.PTT, Piate., Fibrin, D-Dimer	š	63.00
430	Glucose-serial in house	\$	18.00	594	PT.PTT.PlateFibrin.D-Dimer	\$	166.00
	Heartworm Exam (occult)	5	43,00	590	PT/PTT	\$	89.00
	Heartworm Microfilaria Knotts Test	Š	57.00	425	PTH	\$	139.00
	T390				PTH- RP	\$	191.00
492	Heartworm test feline	\$	79.00	589	PTT	\$	40.00
	Helicobacter test	\$	79.00	446	Reticulocyte Count Rheumatold Factor	\$	47.00
489	Hemobartonella	\$	47.00	543	Rheumatold Factor	\$	59.00
505	Histopathology (biopsy)	\$	113.00	555	Rocky Mountain Spotted Fever	\$ \$	57.00
506	Histopathology (biopsy) Histopathology (skin-biopsy) Histopathology Lymphema Profile VDX	\$	176.00	488	Rocky Mountain Spotted Fever Skin Scraping	\$	35,00
499	Histopathology Lymphoma Profile VDX		350,00	420	SMA Profile (major)	\$	103.00
507	Histopathology- Biopsy extra sections	Ş	52.00	420	Sodium and Potassium	\$	63.00
	Histopathology-Cornell University/Idexx		165.00		Stone analysis	\$	83.00
	Hyperthyroid check (1135)	\$ \$	92.00			\$ \$	63.00 55.00
	I-Stat EC8 blood chemistry Immunophenotypic Staining VDX	\$	68.00 240.00		T4-Post post medication (4-6 hours)	\$	56.CO
401	Diagnostic	7	240.00	200	T496	4	30.00
	Insulin/Glucose ratio	\$	148.00		Thyroglobulin Auto Antibody Test	\$	85.00
	Iran Profile	\$	80.00		(T505)	_	
	Lead level-blocd	\$	143.00		Thyroid Profile T4,fT4 SA370	5	122.00
398	Leplo Blood T974	\$	95.00		Thyroid profile-TSH,FT4,T4 Test	\$	175.00
396	Lepto PCR Blood & Urine T978	5	140.00		(SA380)	#	447.00
397	Lepto PCR Urine T976	\$ \$	95.00		Thyrold test-free T4 by dialys Thyrold=FT4,T4,TSH,AutoAnlibody	\$ \$	117.00 196.00
305	Leptospirosis Elsia liexx #3568 Leptospirosis Titer-Cornell	\$ \$	40.00 110.00		(\$A400)	Ð	190.00
414	Lipase (pancreas)	\$	47,00	548	Tick Seri-SA330 LY,RMSF,Ecanis	\$	154.00
		\$	101.00		TLI B12 Folate Texas Feline	\$	145.00
475	Lyme C6 4DX combolidayy #2889	5	70.00		TLI Canine Anlech T230	Š	158.00
546	! Lyme & RMSF titer-Antech381 i Lyme C6 4DX combolidexx #2889 i Lyme IgG	\$ \$	85.00		TLI Feline Antech S16800	Š	80.00
	Lyme lgG/lgM	š	80.00		TLI/812/Folate Antech SA 160	\$	135.00
	Lyme Western Blot test	\$	223.00	l .	(Canine)		
520	Mast Cell Marker and Biopsy (AMC)	\$	495.00	477	7 TLI/B12/Folate Antach SA275 (Feline)	\$	127.00
519	Mast Cell Markers (AMC)	\$	400.00) 423	3 Total Protein	\$	40.00
	Masticatory myositis tast 1207	\$	228,00	560	Toxoplasmosis IgG/IgM (1328)	\$	122.00
422	Miniscreen blood test (911)	\$	74.00) 568	5 Toxoplasmosis IgG/IgM CSU	\$	110.00
509	Necropsy Service < 30 pounds Necropsy Service 30-60 lbs Necropsy Service 60 lbs +	\$	350.00		Trichomonas Fecal PCR to Texas	\$	125.00
510	Necropsy Service 30-60 lbs	\$	350.00		3 Triglyceride	5	43.00
511	Necropsy Service 60 lbs +	\$	350.00		7 Tritrichomonas PCR (inc. shipping)	\$ \$	93.00
530	Barathormone/Calcium (Michigan)	\$	110.00	, 56 , 58'	1 Urinalysis (complete) 2 Urinalysis (Ketodiastix) 3 Urinalysis (mülti sitx)	ec D	43.00
54	Parvovirus Antigen PCR Flea / Tick Borne Assay - Feline	\$	101.00	58	3 Hrinakoje (militi eliv)	g	10.00 20.00
300	PCR Bartonella T1315	\$	174.00	57	5 Urinalysis-specific gravity	\$	21.00
528	POR Flea/Tick Borne Assay - Canine		180.04	58	6 Urine Specific Gravity	\$	21.00
516	PCR for FIP Anlech T600	\$	185.00	44	7 Von Willebrand's Titer	\$	164.00
459	PCR GI Profile - Canine	\$	196.0		3 Wisdom Panel	\$	180.00
451	PCR GI Profile - Feline	\$	170.0	55	O Zinc Test	Š	154.00
		\$	101.0		8 Zonisamide Level- Antech	\$	191.00
441	PCR Hemoplasma Panel Feline PCV (hematocrit)	\$ \$	23.0	3			
442	2 PCV Serial	\$ \$ \$			Name: MEDICATIONS DISPENSED-OT	C	
	2 Phenobarbital level	\$.94.0				
	Phosphorus	Ş	43.0		3 <open>0</open>	\$	0.00
	FPIatelet Count PLI -canine (Idexx) (test 1849)	\$ \$	36.0 70.0		9 ABS Antibarking Collar 2 Acepromazine Tabs 10mg	\$ \$	180,00
216	2 1 m -centing figaxx) (test 1045)	¥	70.0	243	= weakinggrild isos intild	3	15.00

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

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PRODUCT PRODUCT				PRODUCT		. PRICE
D DESCRIPTION	(Qty	= 1)	ID.	DESCRIPTION		/ = 1)
				Bur-Otic HC	\$	10,00
Catogory Name: MEDICATIONS DISPENSED-OTO	(Con	t.)	2505	Butorphanol CRI	\$	23.00
			3338	C.E.T. Cat Oral Hygiene Kit	\$	10.00
2453 Aceptomazine Tabs 25mg	\$	15.00		C.E.T. Chews Canine large 30cl	\$	19.00
2858 Adams Flea Dip 4oz	\$	13.00		C.E.T. Chews Canine Medium	\$	15.00
2862 Adams Flea Off Dust II 3oz	\$	9.00		C.E.T. Chews CATS 30cl.	\$	18.00
2866 Adams Flea Off Mist 16oz	\$	14,00		C.E.T. Chews Petite 24ea	\$	9.00
2357 Adequan	8	118,00		C.E.T. Chews XLG 30 ct	\$	30.00
2200 Aerokat	\$	80.00		C.E.T. fingerbrush	\$	5.00
2202 Albon Liquid/oz	\$	15.00	3506	C.E.T. Oral Rinse	\$	16.00
2203 Alben Tabs 125mg	\$	15.00	3333	C.E.T. Toolhbrush	\$	5.00
2201 Albentabs 250mg	\$	15,00		C.E.T. Toothpaste	\$	11.00
2214 Allerderm Spot On	\$	39.00		C.E.T.Dental Care Kit	\$	14,00
3563 Allerseb-T shampoc 8 oz.	\$	12.00		Canine Purina Gentle Snackers	\$	7.00
2206 Aluminum Hydroxide Powder 20dram	\$	15,00		Capstar 2-25 Package	\$	42.00
2351 Aminophylline Tabs 100mg	\$	15.00		Capstar 2-25 single dose	\$	7.00
2207 Ammonii 500mg 1000ct	\$	90.00		Capstar over 25# package	\$	43.00
2204 Amoxi-Drops 50mg/ml 15ml	\$	15.00		Capstar over 25# single dose	\$	30,8
2205 Amoxi-Drops 50mg/ml 30ml	\$	18,00	3471	Capsule-empty gelatin	S	2.00
2208 Amoxicillin Tabs 100mg	5	15.00	2352	? Cardoxin .16mg/mi (red)	\$	18.00
2209 Amexicillin Tabs 150mg	Ś	15.00	2353	Cardoxin L/S .05mg/ml (grn)	5	18.00
2210 Amoxicillin Tabs 200mg	\$	15.00	2224	Cefa Tabs 50mg	5 \$	15.00
2211 Amoxiciltin Tabs 400mg	\$	15.00		Cefa Tabs 100mg	\$	15.00
2212 Ampicillin Caps 250mg	ŝ	50.00		6 Cefa Tabs 200mg	\$ \$ \$	15.00
2213 Ampicillin Caps 500mg	\$	60.00		Cefadrops 50 ml	\$	62.00
2754 Ampicillin w/Sulbaciam 1.5g w/prep	\$	30.00		3 Cefotixin Bottle	\$	30.00
+inj	•			5 Centrine Tabs 0.2mg	\$	10.00
2598 Animax/EnteDerm Ointment	\$	14.00		7 Cephalexin CAPSULES 250mg	\$	15.00
3466 Anipryl 10mg/30 tablets	\$	105.00		3 Cephalexin 500mg	\$	15.00
3465 Anipryl 15 mg / 30 tabs	\$	113.00		4 Cephalaxin oral suspension 250/5ml	\$	32.00
3469 Anipryl 2mg/30 Tablets	\$	98,00		bu.	•	02.0
3468 Anipryl 30 mg/30ct	\$	115.00		5 Cerenia 160 mg 4 tableVpk	3	38.00
3467 Anlpryl 50 mg/308t	\$	100.00		7 Cerenia 16mg 4 tablet pkg	3	15.0
	\$	15.00		3 Cerenia 24 mg 4 tablet/pk	š	15.0
2221 Antirobe 150mg 2220 Antirobe Caps 75mg	\$	15.00		4 Cerenia 60 mg 4 labiet/pk	\$	26.0
	\$	15.00		8 Cerumite	\$	12.0
2517 Apoquel 18 mg 2515 Apoquel 3.6mg	\$	15.00		7 Chloramphen Opht 1% 3.5mg	\$	13.0
2516 Apoquet 5.4 mg	\$	15,00		8 Chloramphen Opht Soin 0.5%	\$	15.0
	\$	7.00		4 Chloramphenicol Oph. Ointment	Š	8.0
2405 Arquel tablets 20 mg 3105 ArhriMax for Cats 6 oz.	\$	39.00		0 Chloramphenicol Palmatate100mg/ml		18.0
2802 Artificial Tears ointment	\$	15.00		per oz		
2801 Artificial Tears Opht Soln	Š	15.00		1 Chloramphenicol Tabs 50mg	\$	15.0
2509 Alopica 100mg	Ş	105.00		5 Chloramphenicol Tabs 1 gm	\$	15.0
	\$	37.00		2 Chloramphenicol Tabs 100mg	\$	15.0
2506 Alopica 10mg	\$	41.00		3 Chloramphenicol Tabs 250mg	\$	15.0
2507 Atepica 25mg	\$	64.00		4 Chloramphenical Tabs 500mg	\$	12.0
2508 Atopica 50mg	\$	45.00		1 Chlorhexiderm Otic Soln 4oz	5	12.0
2512 Atopica for Cats 5 mt vial	\$	32.00		4 Chlorhexidine Shampoo 4%	3	15.0
2805 Atropine Opth Ointment 1%	a e	70.00		1 Chlorpheniramine Tabs 4mg	ŝ	15.0
3418 Autologous Serum	\$	20.00		7 Ciprofloxacin Ophthalmic Drops	\$	29.0
3404 B 12 injectable 10ml w/syringes	\$					15.0
3403 B-12 Injectable 100ml bottle	\$	15.0	n 994	1 Cisapride 5mg 0 Ciavamox Drops	\$	28.0
3330 Bactoderm	\$ \$	18.00 15.00		6 Ciavamox Tabs 62,5mg	š	15.0
2291 Baytil 22.7mg	ą.	15.0		7 Clavamox Tabs 125mg	\$	15.0
2292 Baytril 68 mg	\$ \$	35.0		88 Clayamox Tabs 250mg	\$	15.0
3101 Baytril Injectable	\$ \$	23.0		39 Clavamox Tabs 375mg	\$	14.0
3103 Saytrii Otic	\$	13.0		'8 Clincare Liquid case 12	\$	55.0
2406 Bene-Bac	\$			22 Clindamycin 150mg	\$	15.0
3572 Benzoyl Peroxide 3% (BPO-	3	15.0		29 Clindamycin 75mg	\$	12.0
3)Shampoo 16oz	\$	9.0		23 Clindamych Pang 23 Clindamych Drops	\$	12.0
3560 Betadine solution				19 Clindamychi Drops 19 Clindamychi Tablet 25mg	\$	15.0
2555 Bitter Apple 8 oz.	\$	10.0 13.0		79 Clinicare Liquid Can	\$	8.0
3343 BPO-3 Medicated Shampoo	\$			77 Clinicare powder	\$	8.0
2707 Buprenex syringe	\$	4.5		37 Clomicalm 20 mg bottle 30 ct	\$	60.0
2810 Bur-Otic	\$	9.0	ບ ∠ຄເ	or Groundstill zo mg odiae ad ct	Ф	ao.

DEF, PRICE includes Pkg Fee, Min Price, and Round Off

* = Price of item when used as bundle

-KODOC1	PRODUCT	DEF.	PRICE	PRODUCT	PROBUCT	Utar.	PRICE
D	DESCRIPTION	Qty =	⇒ 1) <u> </u>	ID	DESCRIPTION	(Qty	
				2902	DuraKyi Dip 4oz	*	12.00
Category Na	me; MEDICATIONS DISPENSED-OTC	(Cont	-)		EasOlic 10 M	Ş	36.00
					EctoKyl 3X Shampoo	\$	13.00
2868		\$	44.00		Enalapril 10mg	\$	15.00
2869		\$	76.00		Enalopril 2.5 mg	8	15.00
3495	Cortisoothe/Hydrocortisone 1%	\$	26.00		Enalaph) 20mg	\$	15.00
	Shampoo			2295	Enalapril 5 mg	\$	15.00
3100		\$	72.00	2503	Enisyl-F 100ml Pump	\$	33.00
3104		\$	27.00	4450	EIJI QIIOXAGII O	\$	15.00
	Cosequin- small animals	\$	58.00	3559	Epi-Soothe	\$	10.00
3730		\$	30.00	3595	Erythromycln Ophthalmic Oint.	\$	38,00
3317	Cyclosporin oil 2%	\$	44.00	3505	Elogesic 150mg	Þ	15,00
		\$	15.00		Etogesic 300 mg	\$	15,00
2568	Cyproheptadine 4mg. Cyproheptadine Syrup/ounce Dasucuin for Cats 84ct	\$	12.00		Etomidate vial	\$	39.00
3106	Dasuquin for Cats 84ct	\$	32.00		Eyewash	\$	8.00
3109	Daguardo I G. Dog 150 cl	\$	94.00		FaVor Feline Vitamin 60ct	\$	18.00
3107	Dasuguin Sm-Med Dog 150cl	\$	82.00	3798	Felimazole 2.5mg	\$	12.00
2293	LINGH IN JACUARY	S	125,00	3794	Felimazole 2.5mg 100ct Bottle	\$	25.00
	Denamarin 225mg Denamarin 425mg Denamarin 90mg	S	52.00	3793	Felimazole 2.5mg 100ct Bottle Felimazole 5 mg 100ct Bottle	\$	30.00
	Denamarin 425mg	\$	89.00	3798	Felimazole 5mg	\$	15.00
			35.00		? Felina did 8.5#	\$	49.00
	Denosyl 425mg 30ct	\$	60.00	303	Feline M/D 5.5 oz. 24 cans/case	\$	37.0
3503	Denosyl SD4 225mg	\$	46.00		? Feliway	\$	35.0
3504	Denosyl SD4 225mg Denosyl SD4 90mg Deramaxx 100 Deramaxx 25mg Deramaxx 75mg Deramaxx 75mg Derm caps Derm Caps ES #60 DermaBenSs shampoo 12oz	Š	34,00	370) Felovite	\$	7.0
3658	Deramaxx 100	Š	15.00	245	5 Filaribits 120 mg 100 tablets	\$	15.0
3659	Deramaxx 25mg	Š	15.00	245	5 Filaribits 120 mg 100 tablets 6 Filaribits 180 mg 4 Filaribits 60 mg 8 Forbid	\$	19,0
3661	Deramaxx 75mg	Š	15.00) 245-	4 Filaribits 60 mg	\$	15.0
3756	Derm cans	S	18.00	356	3 Forbid		5,0
3757	Derm Caps ES #60	ġ	20.00	177	1 FortiFlora	\$	35.0
3470	DermaßenSs shampoo 12oz	Š	19.00	241	0 Frontline Plus Cats	\$	51.0
3564			13,00	240	8 Frontline Plus dog 23 to 44#	\$	54,0
	DermaLyte Shampoo 12 oz	š	14.00) 241	0 Frontina Plus Cats 8 Frontline Plus dog 23 to 44 # 4 Frontline Plus dogs 45- 88 # 5 Frontline Plus dogs 89-132 # 3 Frontline Plus dogs up to 22#	\$	55.0
	Dermazola Shampoo 8 fl oz.	\$	28,00	241	5 Frontline Plus dogs 89-132#	3	56.0
	B Dermoscent Spot-on 4 pipettes Cat	Ś	28.00	241	3 Frontline Plus dogs up to 22#	3	53.0
	Dermoscent Spot-on 4 pipettas 0-22 #		26.01	249	4 Genesis Spray	\$	31.0
0,00	Dog	•		452	4 Gentamicin Inj Syringe < 1ml	\$	8.0
173F	Dermoscent Spot-on 4 pipeltas 22-45#	\$	30.0	248	4 Genesis Spray 4 Gentamicin Inj Syringe < 1ml 8 Gentie Leader Kit	\$	35.0
0100	Dog	•			3 Gentocia (only) Opht Soln	\$	14.0
3737	7 Dermoscent Spot-on 4 pipettes 45-90#	\$	32.0	0 281	4 Gentocin Durafilm Opht Soln	\$	9.6
310,	Dog	•		281	5 Gentocin Opht Ointment	\$	14.0
2606	3 Dexamethasone ophthalmic drops	5	24.0	0 281	9 Gentocin Olic 16 ml	\$	15.0
	3 Dexamethasone tabs 0.5mg	\$	15.0		7 Gentocin Otic and DMSO	\$	18.0
	Dexamethisone Injectable 100ml	\$	15.0		6 Gentocin Otic Soln 7.5ml	\$	14.0
	7 Dibenzaline 5mg capsules	\$	15.0	0 249	IO Glucolest Purine Felline 1pkg	\$	9.0
	3 Dibenzyline 2.5mg	\$	15.0	0 249	16 Gentocin Oto Soin 7,5mi 80 Glucotest Purine Feline 1pkg 89 Glycoffex 250 tablets	\$	20.0
	5 Diclofenac Solution 2.5ml	\$	21.0	n 35	71 Glycoflex 500 tablets	\$	35.0
	4 Diethylstilbesterol Tabs 1mg	š	15.0	0 25	76 Goodwinol Ointment 1oz	\$	15.0
	7 Digoxin tablets	\$	15.0	0 32	23 Heartgard 1-25#	\$	38.0
	5 Dilliazem transdermaVsyrings	\$	7.0	n 32:	24 Heartgard 26-50#	\$	47,1
	7 DMSO	\$ \$	15.0	in 32	25 Heartgard 51-100#	\$	58.
	1 Domeboras solution	\$	4.0	n 23	55 Hydrocodone Syrup /oz	\$	19.
	0 Douxo Shampoo 6.8 oz	\$	23.0	n 23	52 Rydroxyurea 500mg Capsules	\$	15.
	2 Doxepin 10mg	Š	15.0	n 25	59 Hydroxyzine 10 mg.	5	15.
		\$	15.0	10 25	75 Hydroxyzine 100mg	\$	15.
	3 Doxepin 25mg 4 Doxepin 50 mg	\$	15.0	າດ 25	23 Heartgard 1-25# 24 Heartgard 28-56# 25 Heartgard 51-100# 55 Hydrocodone Syrup /oz 52 Hydroxyunea 500mg Capsules 59 Hydroxyzine 10 mg. 75 Hydroxyzine 100mg 50 Hydroxyzine 25 mg. 61 Hydroxyzine 50 mg. 61 Hydroxyzine 50 mg. 61 Hypoimmune serum 97 Idoxuridine Ophthalmic sol. 96 Idoxuridine Ophthalmic Oint. 05 Incurin 1mg/tablet 30 qty	\$	15
		5	15.0	10 25	61 Hydroxyzine 50 mg.	\$	15.
	5 Doxepin 75mg	\$	105.0	no 23	61 Hypoimmune serum	\$	150
	8 Dexirobe application	\$	15.0	no 35	97 Idoxuridine ophthalmic sol.	\$	32
	9 DOXYCYCLINE 50 mg	\$	29,	30 35	96 Idoxuridine Opthalmic Oint.	\$	40
345	9 Drontal Plus Large > 45#	\$	16.	an 33	05 Incurin 1mg/tablet 30 qty	\$	24
	8 Drontal Plus Medium 26-60#			70 27	52 Intention Developeding 100 mg vial	Š	14
	7. Deceded Object Conglish ACH	•					
345	7 Drontal Plus Small 2-25#	\$	15.	00 39	03 Iversectin 60ml	\$	
345 380	7 Drontal Plus Small 2-25# 11 Duragesic pain medicallon 25ug 12 Duragesic pain medication 50ug	\$ \$	15.4 41.4 60.4	**	52 Injection-Doxycycline 100 mg vtal 03 Ivermeetin 50ml 21 Knockout premise spray	\$ \$	50 12

DEF. PRICE includes Pkg Fee, Min Price, and Round Off 1 = Price of item when used as bundle

Page 6

2584 Lastiv dos syrup-betits \$ 18.00 3472 Optichamber and mask \$ 2584 Lastiv dos syrup-betits \$ 18.00 3417 Optixcare \$ 1 2354 Lastiv 20mg \$ 15.00 2297 Orbax 22.7 \$ 2305 Lastix 20mg \$ 15.00 2297 Orbax 22.7 \$ 9 2395 Lastix Table 12.5mg \$ 15.00 2297 Orbax 22.7 \$ 9 2395 Lastix Table 12.5mg \$ 15.00 2298 Orbax 68mg \$ 1 2395 Lastix Table 12.5mg \$ 15.00 2298 Orbax 68mg \$ 1 2395 Lastix Table 12.5mg \$ 15.00 2298 Orbax 68mg \$ 1 2395 Lastix Table 12.5mg \$ 15.00 2298 Orbax 68mg \$ 1 2395 Lastix Table 12.5mg \$ 10.00 3573 Ovydex HP Shampoo 80	PRODUCT	PRODUCT	DEF, F	RICE	PRODUCT	PRODUCT	DEF	, PRICE
Category Name: MEDICATIONS DISPENSED-OTC (Cont.) 2584 Lactulose syrup-betile 2364 Laskw domg 2365 Laskw domg 2366 Laskw domg 2367 Laskw domg 2368 Laskw domg 2369 Laskw Tabe 125.mg 2369 Lask Tabe 125.mg 2369 Lask Tabe 125.mg 2369 Laskw Tabe 125.mg 2360 Lask Tabe 125.mg 2360 Lask Tabe 125.mg 2360 Lask Tabe 125.mg 2360 Light Colminated Item 2360 Light Colminated	10	DESCRIPTION	(Qty =	1)	ID	DESCRIPTION	(Qty	= 1)
2594 Lacturlose syrup-beille					2511	Onslor 6mg packet/3 tablets	\$	15,00
2599 Malaseb Pfedgets 60 ct \$ 18,00	Category No	ame: MEDICATIONS DISPENSED-OTC	(Cont)		3472	Optichamber and mask	\$	85.00
2599 Malaseb Pfedgets 60 ct \$ 18,00					3316	Optimmune	T.	48.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2584	Lactulose syrup-bettle	\$		3417	Optixcare	\$	16.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2364	Lasix 40mg	5		2500	Oral Cleansing Gel	\$	15.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2365	Lasix 20mg	\$		2297	Orbax 22.7	Ş	15.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2359	Lasix Tabs 12.5mg	\$		2298	Orbax 68mg	1	15.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2360	Lasix Tabs 50mg	\$		2593	Ott-ciens 4oz	1	18.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	3122	Laxatone 2.5oz	5		2818	Otomax	\$	18.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2580	Liquicalor Olument 10m1	\$		3073	Oxydex ne Snampoo boz	ž	10,00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2552	Lomeil	5		20/4	Oxydex Shampoo eoz	3	9.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2508	Logersmide 2mg	\$		2494	Daile de 10ma / 20 et	4	210.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	3000	Lyme plus oip took	3		3733	Delladia 15mg/ 30 ot	4	115,00 184,00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2200	MALA Ket Chempse 0 ft ea	3		3734	Palladia 50 ma/ 30 ct	Q.	500.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2502	Malacolic Otic Siffer	Φ t		2508	Pan Olic 207	q	13.00
2599 Malaseb Pfedgets 60 ct \$ 18,00	2502	Malakat Minae Enst	¢.		3460	Pagacut 10 nound nacket (3 ner nack)	ŧ.	15.00
Sign	2500	Malasah Pladnatsan d	ψ ¢				•	15.00
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Sign	3001	MCT OB	Š		- 150	packet)		
Sign	2563	Maclizina 25 ma	Š		3464	Panacur llquid/ ounce	S	12.00
Sign	3899	Medication	Š		2602	Panaloo Ointment 30 ml	3	24.00
Sign	3665	Medrol 4 ma	Š		3134	Pancreazyme 12 oz	\$	175.00
Sign	3131	Mephylon Tablels	Š		3133	Pancreazyme Powder Box	\$	125.00
Sign	3405	Meropenem 500mg/vlal	\$	20.00	3500	Panmycin Aquadrops	\$	16.00
3580 Miconazole and Synotic Suspension \$ 40.00 2483 Phenobarbital 1gr \$ 2983 Miconazole Cution \$ 16.00 2481 Phenobarbital Tabs 1/4gr \$ 3137 Miconozole Lotion \$ 16.00 2482 Phenobarbital Tabs 1/4gr \$ 3170 Miconozole Cution \$ 16.00 2482 Phenobarbital Tabs 1/2gr \$ 3700 MiNoCYCLINE Capsutes 100 mg \$ 15.00 2484 Phenytbutazone Tabs 100 mg \$ 2358 Mirtazapine 15mg \$ 15.00 2484 Phenytbutazone Tabs 100 mg \$ 2358 Mirtazapine 7.5mg \$ 15.00 3787 Phydrion papers - roll \$ 2363 Mirtazapine 7.5mg/ml \$ 18.00 4554 Pill Pocket Carline Small \$ 2513 Mirtazapine 7.5mg/ml \$ 18.00 4556 Pill Pocket Carline Large \$ 2526 Mitaban dlp bottle \$ 42.00 4556 Pill Pocket Carline Large \$ 2522 Mitox Liquid 12ml \$ 8.00 2485 Potassium Bromide 10oz \$ 2820 Mometamax \$ 34.00 2486 Potassium Bromide 250mg / 60 tablets \$ 2504 Morphine CRifday \$ 23.00 3567 Potassium Gluconate Tablets \$ 2504 Morphine CRifday \$ 23.00 3558 Pramoderm Shampoo 8 oz \$ 2504 Morphine CRifday \$ 20.00 3558 Pramoderm Shampoo 8 oz \$ 2505 Mycodex with Alterbrin \$ 9.00 3668 Pradnisolone 6MG/ml LIQUID per oz \$ 2824 Neo-Calglucon syrup \$ 5.00 3669 Pradnisolone 6MG/ml LIQUID per oz \$ 2607 Neo-Poly-Dex drops \$ 21.00 3663 Prednisone Tabs 5mg \$ 2604 Neo-Poly-Dex drops \$ 21.00 3663 Prednisone Tabs 5mg \$ 2604 Neo-Poly-Dex Cint Dexasporin \$ 25.00 3664 Prednisone Tabs 20mg \$ 2417 Nex Gard 10.1 - 24# 3 month \$ 62.00 2976 Prevenilo Dog Tick collar \$ 2488 Nex Gard 60.1 - 22# 3 month \$ 62.00 2976 Prevenilo Dog Tick collar \$ 2586 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 1200 \$ 2489 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 1200 \$ 2489 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 200 \$ 2397 Primor 200 \$ 2489 Nolvasan Soln 4oz \$ 2400 2489 Nolvasan Soln 4oz \$ 2400 2489 Prodnisone Tabs 20mg \$ 2489 Nolvasan Soln 4oz \$ 2400 2489 Nolvasan Soln 4oz \$ 2400 2489 Prodnisone Tabs 20mg \$ 2489 Nolvasan Soln 4oz \$ 2400 2400 2400	2502	Metacam	\$		2601	Panolog Ointment 15ml	\$	14.00
Sign	3782	Methimazole 5mg Tablets	\$	15.00	3584	Pearlyt Shampoo 12 oz	\$	10.00
Sign	3779	Methimazole transdamnat/syring	\$	5.00	2701	Pellitol	\$	12,00
Sign	2809	Meloclopramide	\$		2700	Percortin-V and syringes	\$	220.00
3580 Miconazole and Synotic Suspension \$ 40.00 2483 Phenobarbital 1gr \$ 2983 Miconazole Cution \$ 16.00 2481 Phenobarbital Tabs 1/4gr \$ 3137 Miconozole Lotion \$ 16.00 2482 Phenobarbital Tabs 1/4gr \$ 3170 Miconozole Cution \$ 16.00 2482 Phenobarbital Tabs 1/2gr \$ 3700 MiNoCYCLINE Capsutes 100 mg \$ 15.00 2484 Phenytbutazone Tabs 100 mg \$ 2358 Mirtazapine 15mg \$ 15.00 2484 Phenytbutazone Tabs 100 mg \$ 2358 Mirtazapine 7.5mg \$ 15.00 3787 Phydrion papers - roll \$ 2363 Mirtazapine 7.5mg/ml \$ 18.00 4554 Pill Pocket Carline Small \$ 2513 Mirtazapine 7.5mg/ml \$ 18.00 4556 Pill Pocket Carline Large \$ 2526 Mitaban dlp bottle \$ 42.00 4556 Pill Pocket Carline Large \$ 2522 Mitox Liquid 12ml \$ 8.00 2485 Potassium Bromide 10oz \$ 2820 Mometamax \$ 34.00 2486 Potassium Bromide 250mg / 60 tablets \$ 2504 Morphine CRifday \$ 23.00 3567 Potassium Gluconate Tablets \$ 2504 Morphine CRifday \$ 23.00 3558 Pramoderm Shampoo 8 oz \$ 2504 Morphine CRifday \$ 20.00 3558 Pramoderm Shampoo 8 oz \$ 2505 Mycodex with Alterbrin \$ 9.00 3668 Pradnisolone 6MG/ml LIQUID per oz \$ 2824 Neo-Calglucon syrup \$ 5.00 3669 Pradnisolone 6MG/ml LIQUID per oz \$ 2607 Neo-Poly-Dex drops \$ 21.00 3663 Prednisone Tabs 5mg \$ 2604 Neo-Poly-Dex drops \$ 21.00 3663 Prednisone Tabs 5mg \$ 2604 Neo-Poly-Dex Cint Dexasporin \$ 25.00 3664 Prednisone Tabs 20mg \$ 2417 Nex Gard 10.1 - 24# 3 month \$ 62.00 2976 Prevenilo Dog Tick collar \$ 2488 Nex Gard 60.1 - 22# 3 month \$ 62.00 2976 Prevenilo Dog Tick collar \$ 2586 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 1200 \$ 2489 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 1200 \$ 2489 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 200 \$ 2397 Primor 200 \$ 2489 Nolvasan Soln 4oz \$ 2400 2489 Nolvasan Soln 4oz \$ 2400 2489 Prodnisone Tabs 20mg \$ 2489 Nolvasan Soln 4oz \$ 2400 2489 Nolvasan Soln 4oz \$ 2400 2489 Prodnisone Tabs 20mg \$ 2489 Nolvasan Soln 4oz \$ 2400 2400 2400	2284	Metronidazole 250mg	\$		3778	Pel Cal 60 Tablets	\$	17.00
3580 Miconazole and Synotic Suspension \$ 40.00 2483 Phenobarbital 1gr \$ 2983 Miconazole Cution \$ 16.00 2481 Phenobarbital Tabs 1/4gr \$ 3137 Miconozole Lotion \$ 16.00 2482 Phenobarbital Tabs 1/4gr \$ 3170 Miconozole Cution \$ 16.00 2482 Phenobarbital Tabs 1/2gr \$ 3700 MiNoCYCLINE Capsutes 100 mg \$ 15.00 2484 Phenytbutazone Tabs 100 mg \$ 2358 Mirtazapine 15mg \$ 15.00 2484 Phenytbutazone Tabs 100 mg \$ 2358 Mirtazapine 7.5mg \$ 15.00 3787 Phydrion papers - roll \$ 2363 Mirtazapine 7.5mg/ml \$ 18.00 4554 Pill Pocket Carline Small \$ 2513 Mirtazapine 7.5mg/ml \$ 18.00 4556 Pill Pocket Carline Large \$ 2526 Mitaban dlp bottle \$ 42.00 4556 Pill Pocket Carline Large \$ 2522 Mitox Liquid 12ml \$ 8.00 2485 Potassium Bromide 10oz \$ 2820 Mometamax \$ 34.00 2486 Potassium Bromide 250mg / 60 tablets \$ 2504 Morphine CRifday \$ 23.00 3567 Potassium Gluconate Tablets \$ 2504 Morphine CRifday \$ 23.00 3558 Pramoderm Shampoo 8 oz \$ 2504 Morphine CRifday \$ 20.00 3558 Pramoderm Shampoo 8 oz \$ 2505 Mycodex with Alterbrin \$ 9.00 3668 Pradnisolone 6MG/ml LIQUID per oz \$ 2824 Neo-Calglucon syrup \$ 5.00 3669 Pradnisolone 6MG/ml LIQUID per oz \$ 2607 Neo-Poly-Dex drops \$ 21.00 3663 Prednisone Tabs 5mg \$ 2604 Neo-Poly-Dex drops \$ 21.00 3663 Prednisone Tabs 5mg \$ 2604 Neo-Poly-Dex Cint Dexasporin \$ 25.00 3664 Prednisone Tabs 20mg \$ 2417 Nex Gard 10.1 - 24# 3 month \$ 62.00 2976 Prevenilo Dog Tick collar \$ 2488 Nex Gard 60.1 - 22# 3 month \$ 62.00 2976 Prevenilo Dog Tick collar \$ 2586 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 1200 \$ 2489 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 1200 \$ 2489 Nolvasan Shampoo 8 ounces \$ 27.00 2282 Primor 200 \$ 2397 Primor 200 \$ 2489 Nolvasan Soln 4oz \$ 2400 2489 Nolvasan Soln 4oz \$ 2400 2489 Prodnisone Tabs 20mg \$ 2489 Nolvasan Soln 4oz \$ 2400 2489 Nolvasan Soln 4oz \$ 2400 2489 Prodnisone Tabs 20mg \$ 2489 Nolvasan Soln 4oz \$ 2400 2400 2400	2265	Metronidazola 500mg	\$		3785	Pel-Cai 180 Tablets	5	45.00
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3777 Nolvasan Soln foz. \$ 12.00 2280 Primor 240 \$ 2489 NoSorb \$ 4,00 2521 Primor 600 \$ 3786 NutriVed \$ 8.00 2572 Procrit \$ 3494 Ofloxacin Ophthalmic Orops \$ 15.00 3232 Proheart 20.1-30# \$ 3770 Ornega Tri-V Caps Large 60ct \$ 17.00 3235 Proheart 50.1-80# \$ 3764 Ornega Tri-V Caps Medium 60ct \$ 12.00 3603 Proin 75mg \$ 3762 Ornega Tri-V Liquid Boz. \$ 20.00 3604 Proin/Uriflex 25mg \$	3569	9 Nolvasan Shamgoo 8 ounces	Š				\$	15.00
2489 NoSorb \$ 4,00 2281 Primor 600 \$ 3786 NutriVed \$ 8,00 2572 Procrit \$ 3494 Oftoxacin Ophthalmic Drops \$ 15,00 3232 Proheart 20.1 -30# \$ 3770 Omega Tri-V Caps Large 60ct \$ 17,00 3235 Proheart 50.1-60# \$ 3764 Omega Tri-V Caps Medium 60ct \$ 12,00 3603 Proin 75mg \$ 3762 Omega Tri-V Liquid Boz. \$ 20,00 3604 Proin/Uriflex 25mg \$	377	7 Nolvasan Soln 4oz.	\$				\$	15.00
3786 NutriVed \$ 8.00 2572 Procrit \$ 3494 Oftoxacin Ophthalmic Drops \$ 15.00 3232 Proheart 20.1 -30# \$ 3770 Omega Tri-V Caps Large 60ct \$ 17.00 3235 Proheart 50.1 -60# \$ 3764 Omega Tri-V Caps Medium 60ct \$ 12.00 3603 Proin 75mg \$ 3762 Omega Tri-V Liquid Boz. \$ 20.00 3604 Proin/Uriflex 25mg \$ 3604 Proin/Uriflex 25mg	2489	9 NoSorb	\$	4.0			\$	15.00
3494 Ofloxacin Ophthalmic Orops \$ 15.00 3232 Proheart 20.1 -30# \$ 3770 Omega Tri-V Caps Large 60ct \$ 17.00 3235 Proheart 50.1-80# \$ 3764 Omega Tri-V Caps Medium 60ct \$ 12.00 3603 Proin 75mg \$ 3762 Omega Tri-V Liquid 8oz. \$ 20.00 3604 Proin/Uriflex 25mg \$	378	6 NutriVed	\$	8.0	n 2 57		\$	90.00
3770 Omega Tri-V Caps Large 60ct \$ 17.00 3235 Proheart 50.1-60# \$ 3764 Omega Tri-V Caps Medium 60ct \$ 12.00 3603 Proin 75mg \$ 3762 Omega Tri-V Liquid 8oz. \$ 20.00 3604 Proin/Uriflex 25mg \$ 3604 Proin/Uriflex 25mg	349	4 Ofloxacin Ophthalmic Drops	\$	15.0	g 323		\$	42.00
3764 Omega Trl-V Caps Medium 60ct \$ 12.00 3603 Proin 75mg \$ 3762 Omega Trl-V Liguid 8oz. \$ 20.00 3604 Proin/Uriflex 25mg \$	3770	0 Omega Tri-V Caps Large 60ct	\$	17.0	() 343		\$	54.00
3762 Omega Fri-V Liquid Box, \$ 20.00 3604 Proint/Ornex 25mg \$		4 Omega Trl-V Caps Medium 60ct	\$					15.00
	376:	2. Omega Tri-V Liquid Boz.	\$	20.0	ս 360	4 Fromvolliex 25mg	2	15.00

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

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PRODUCT PRODUCT			RODUCT	PRODUCT DESCRIPTION Tobramycin 5ml Torbutrol 5mg Tramadol 60mg Trasadol 60mg Tresadarm Solution 15ml Tribrissen Oral Susp. 48mg/ml Tribrissen Tabs 120mg Tribrissen Tabs 30mg Triflexis 10.1-20# Trifexis 20.1-40#	DEF	PRICE
ID DESCRIPTION	(Qty = 1)	!	D	DESCRIPTION	(Giy	= 1)
			3451	Tobramycin 5ml	\$	24,00
Category Name: MEDICATIONS DISPENSED-OT	C (Cont.)		25/3	Toroutol 5mg	5	15.00
2005 Det 4150 50		r 00	2003	Transfers Solution 15ml	\$ \$	19.00 29.00
3605 Proin/Uriflex 50mg 3501 Prozinc 2806 Psittacosts serum titer 2594 Pyoben Gel 1oz 3515 Reconcile 8 mg 30 tablets 3557 Reflef Shampoo 8oz. 3601 Renacare Gel/ Renal K 91 Reporting Fee	\$ 1	5.00	2010	Tribring on Ord Suga 48 malad	\$	12.00
2006 Beltagania appum titor	\$ 12 ¢ 1	5.00 6.00	2203	Tribrissen Taba 120mg	\$	12.00
2604 Probac Cal Laz	e 1	4.00	2284	Tribrissen Tabs 120mg Tribrissen Tabs 30mg Tribrissen Tabs 30mg Trifexis 10.1-20# Trifexis 20.1-40# Trifexis 20.1-40# Trifexis 5-10# Trifexis 5-10# Trifexis 50.1-120 # Trimethoprim Sulfa Tabs 120mg Trimethoprim Sulfa Tabs 480mg TrizChlor 4 Spray 8oz Tylan Tylan Tylan Tylan 25 bottle V-Kem Sipho + Fogger 12oz VALL syrup bottle Valium Tabs	\$	12.00
2594 Fy0060 G61 102	\$ 1	6.00	2401	Trifexis 10 1-20#	5	115.00
3557 Reliai Shamoo 802	\$ 1	5.00	2402	Trifexis 20.1-40#	3	120.00
3601 Renarara Gel/ Ronal K	\$ 1	6.00	2403	Trifexis 40.1-60 #	\$	122.00
91 Reporting Fee	Š	4.00	2400	Trifexis 5 -10#	\$	112.00
3497 Resicort Conditioner	S 3	30.00	2404	Trifexis 60.1-120 #	\$	125,00
3252 Revolution Cats 5-15# 3pack		9.00	2288	Trimethoprim Sulfa Tabs 120mg	\$	15.00
3243 Revolution Cats 5-15# 6peck	\$ 10	05.00	2289	Trimethoprim Sulfa Tabs 480mg	\$ \$	15.00
3253 Revolution dog 05-10# 3pack	\$ 8	59.00	3345	TrizChior 4 Spray 8oz	\$	16.00
3244 Revolution dog 05-10# 6pack	\$ 16	3.00	2595	TrizEDTA 4fl oz.	\$	14.00
3254 Revolution dog 11-20# 3pack	\$ {	30.00	2354	Tussigon Tableis 5 mg	\$	19.00
3245 Revolution dog 11-20#6pack	\$ 10	00,80	2557	Tylan	\$	105.00
3255 Revolution dog 21-40# 3pack		59.00	2564	Tylan .25 bottle	Š	27.00
3246 Revolution dog 21-40# 6pack	\$ 10	05.00	3018	V-Kemalp	\$	12.00
3256 Revolution dog 41-85# 3pack		33.00	3020	V-Kem Sipno + Fogger 1202	\$	16.00
3247 Revolution dog 41-85# Spack	\$ 1	10.00	3000	Value Take	\$ \$	42.00
3257 Revolution dog 85-130# 3pack	\$	00.08	2491	Valium Tabs) Veraflox 25mg/ml 15ml) Vetmedin 1.25mg Vetmedin 2.5mg	\$	9.00 35.00
3242 Rayolution pup/kR <5# 3pack	, .	53.00 15.00	3240	Vetmedia 1 25ma	\$	15.00
3007 Krisalyi 100mg	\$ 3	65.00	3241	Vetmedin 2 5mm	\$	15.00
3247 Revolution dog 41-85# 6pack 3257 Revolution dog 85-130# 3pack 3242 Revolution pup/kit <5# 3pack 3657 Rimadyl 100mg 3652 Rimadyl 100mg 180ct 3655 Rimadyl 25mg 3656 Rimadyl 75mg 3579 Sebalyt Shampoo 8oz 2974 Sectrol Two-Way flea foam 2975 Sactrol Two-Way Pet Spry 15oz 3237 Sentinel 11 to 25#	4 2	16.00	3270	Vetmedin 2.5mg Vetmedin 2.5mg Vetmedin 5mg tablet Vetoryl 10mg 30 capsules Vetoryl 30mg 30 capsules Vetoryl 60 mg 30 caps Vetoryl 60 mg 30 caps Vetorylofin Opht Ontment 3.5g Violkase Tabs 425mg VIP CAT DIP	\$	15.00
3656 Rimedul 75mg	Š	15.00	3769	Vetoryl 10mg 30 capsules	š	68.00
3579 Sehalvi Shampon Boz	Š	12.00	3768	3 Vetoryl 30mg 30 capsules	\$	82.00
2974 Sectrol Two-Way flee foam	š	14.00	3771	Vetoryl 60 mg 30 caps	\$	104.00
2975 Sectrol Two-Way Pet Sory 15oz	Š	13.00	2828	3 Vetropolycin Opht Ointment 3.5g	\$	18.00
3237 Sentinel 11 to 25#	Ş	50.00	3135	5 Viokase Tabs 425mg	\$ \$ \$ \$	0.00
		0.00	3030	VIP CAT DIP	\$	13.00
3236 Sentinel 2 to 10#	\$	48.00	3398	3 Vitamin K Tablet 5mg 3 Vitamin K Tablets 25 mg 2 Zeniquin 100 mg	\$	15.00
3238 Sentinel 26 to 50#	\$	58.00	3399	9 Vitamin K Tableta 25 mg	\$	15.00
3239 Sentinel 51 to 100#	\$	68.00	2302	2 Zeniquin 100 mg	\$ 5 5 5	15.00
2800 Simplices 100mg	\$	15.00	2303	3 Zeniquin 100 mg 3 Zeniquin 200 mg 0 Zeniquin 25 mg 1 Zeniquin 50 mg 7 Zenisamide 100mg 6 Zenisamide 25mg	Ş	15,70
2799 Simplice1 200	\$	15.00	2300	D Zaniquin 25 mg	\$	15.00
2242 Sientrol 20ml	\$	55.00	230	1 Zeniquin 50 mg	\$ 5	15.00
2246 Stentrol 50ml	\$ 1	09.00	240	7 Zonisamide 100mg 6 Zonisamide 25mg	S	15.00 15.00
3410 Staph Lysate Inj	۱ (د د	18.00	240	o companies zonig	Ą	15.50
2493 Sucrattate tablets	è	15,00	Category N	lame: OFFICE VISITS		
2500 Outasalazine	è	14.00	Quidgoij i	10[18: O(1 10E 410110		
3267 Sentinel 11-28# single dose 3236 Sentinel 26 to 50# 3239 Sentinel 51 to 100# 2800 Simplicef 100mg 2799 Simplicef 200 2242 Stentrol 20ml 2246 Stentrol 50ml 3410 Staph Lysate Inj 2493 Sucraltate tablets 2356 Suffasalazine 3575 Suffoxydex 8 ounces 3776 Supplical 5.0oz 2822 Surolan 15ml 2510 Suspension, Chicken Flavored 1oz 3414 Synotic (10ml) with Baytril 10(ml) 3411 Synotic 8 mi 3412 Synotic with Banemine 2498 Syringe filled with medication 2590 18 Keto Flush 3130 Tagarnet 300mg	Š	7.00	9	9 *write in	\$	0.00
2822 Surolan 15ml	Š	31.00		8 After Hours Exam	\$	92.00
2510 Suspension, Chicken Flavored 1oz	š	7,00		5 Anal Glands-express w/o exam 6 Anal sec-express-nurse	\$	42.00
3414 Synolic (10ml) with Baylril 10(ml)	Š	62,00	1	6 Anal sac-express-nurse	•	30.00
3411 Synotic 8 ml	\$	22.00	1	Annual Physical Examination	\$	65.00
3412 Synotic with Banamine	\$	7,00 62,00 22,00 24,00 8,00	1	O Annual Physical Examination Behavior consult and exam Behavior Examination Cantine Adult Care Plan Diabetic training	\$ \$	75.00
2496 Syringe filled with medication	\$	8.00		9 Boarding Examination	\$	32.00
2590 T8 Keto Flush	\$	13,00		5 Canine Adult Care Plan	\$	199.00
3130 Tagamet 300mg	\$	1.30	1	2 Diabetic training	\$	52.00
3123 ragamet raus zoomg	4	1.20		7 Feline Adult Care Program	\$	151.00
3130 Tagamet 300mg 3129 Tagamet Tabs 200mg 3578 Terramyoin oph. cintment 2278 Tetracycline Caps 250mg 2279 Tetracycline Caps 500mg 3400 Theophylline CR 200mg 3401 Theophylline CR 300mg	.	23.00 15.00		2 Medical Progress Check io Nassau County Rables Vaccine 1	•	50.00
2279 Totropoline Caps 500mg	ç	15.00	5	i1 Nassau County Rables Vaccine 1	ф ф	15.00 15,00
3400 Theophylling CR 200mg	¢	15.00	2	10 Nebulization-daily	5 # 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	48.00
3401 Theophylline CR 200mg	Š	15.00 15.00	-	6 Office visit-courtesy	Š	0.00
3402 Theophylline extend 100mg	š	15.00		1 Physical examination	š	65.00
3323 Thyroid Tabs 0.2mg/100	\$	15.00		4 Shelter examination		0.00
3324 Thyroid Tabs 0.3mg/100	\$	15.00		3 with Physical examination	\$	0.00
3322 Thyroid Tabs 0.6mg/100	\$ 5 5 5 5 5 5 5 5 5	15.00				
2501 Timentin antibiotic-bottle	\$	32.00				

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

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PRODUCT PRODUCT		DEF.	PRICE		PRODUCT	OEF	PRICE
ID DESCRIP	LION	(Qty:	= 1)	ID	DESCRIPTION	(Qty	(=1)
		•		398	Canine Purina HA dry 32#	\$	103.00
Category Name: OPER.	ATING ROOM AND SUPPL	IES		3984	FCanine Purina HA dry 6#	\$	24.00
-				393	Canine Purina NF Case 12 13.3	\$	28.00
1599 "Write In6		\$	0.00		gz.cans		
1200 Tru-cut blog	sy needle	\$	90.00	499	3 Canine Purina OM 18#	\$	43.00
	•			499	5 Canine Purina OM case	\$ \$ \$	28.00
Category Name: PET A	CCESSORIES			391	7 Canine r/d 12 can case	\$	28.00
				391	Canine r/d dry 17.6#	\$	45.00
4299 'Write In12		4	0.00	392	D Canine r/d dry 27.5# B Canine r/d dry 8.5#	\$	86.00
4103 <open>1</open>		\$ \$ \$	0.00	391	B Canine r/d dry 8.5#	****	25.00
	c 2 Glucose Mater	ě	125.00	392	1 Canine s/d 12 can case	Ś	34.00
	2 Lancels 100/bx	ě	22.00		4 Canine Vd dry 25#	5	69.00
89 AlphaTrock	2 Test Strips 50/bx	***	60.00		2 Canine Vd dry 5#	Š	19.00
4184 Canine Elin		4	24.00	398	5 Canine Treats 1 lb pouch	Š	5.00
4183 Feline Elim	RI-OUG	Ď.	8.00	392	2 Canine u/d 12 can case	š.	30.00
	n-oaor	3			1 Canine u/d dry 27.5#	Š	80.00
4182 Flea comb		ş.	12.00	303	3 Canine u/d dry 8.5#	œ.	29.00
4186 Muzzle - ex		3	13.00		4 Canine wid 12 pk	•	28.00
4185 MUZZIE - Sn	nall, medium, large	ş	12.00	202	6 Canine w/d dry 17.6#	d.	46.00
4181 Nail Scisso	rs - Whiles	\$	15.00	400		\$ \$	
4179 Pet Carrier		\$	6.00		5 Canine w/d dry 27.5#	,	68.00
4180 Resco nail		\$	12.00		5 Canine w/d dry 8.5#	ð.	25.00
4187 Soft Paws i		\$	14,00		6 Canine Z/D 12 can case)	46.00
3582 SulfOxyDex	k Shampoo 12⊈oz.	\$	18,00		2 Canine Z/D Individual can	\$ \$ \$	4.00
					3 Canine z/d low allergen 25#	5	88.00
Category Name: PRES	CRIPTION DETS-MISC. FO	oos		398	9 Canine.z/d low attergen 8#	\$	36.00
- ,					2 Canine z/d ultra 17,6#	5	70.00
3900 <presc. 0<="" td=""><td>DIETS, 3900-4099></td><td>\$</td><td>0.00</td><td></td><td>8 Canine z/d ultra 8#</td><td>\$</td><td>36.00</td></presc.>	DIETS, 3900-4099>	\$	0.00		8 Canine z/d ultra 8#	\$	36.00
3948 Canine c/d		\$	32.00	392	8 Canine Z/D Ultra allergen-free 25#	\$	88.00
3950 Canine c/d		\$	48.00		7 Canine/feline a/d canned ea	\$	2,00
3951 Canine c/d		\$	84.00	395	6 Canine/fetine a/d case 24 cans	\$	53.00
3949 Canine c/d	dry 8.5#	Š	29.00	. 413	5 Euk Canine Mobility Plus #5	\$	15.00
3901 Canine d/d	can case 12ek	\$	38.00		5 Euk Canine OptimumWeight Control	\$	38.00
3903 Canine d/d	dry 17 6#	\$	70.00		15# -		
3902 Canine d/d	dry A#	\$	36.00		2 Euk Feline 14# Low Residue Intestinal	\$	61.00
3977 Canine g/d	12 can casa	š	30.00		+		
3905 Canine g/d	dou the fi	\$	29.00		4 Euk Feline Optimum Weight Control 5f		26.00
3906 Canine h/d	ran	\$	30.00		6 Euk K-9 Optimum Weight Control 30#	\$	73.00
3908 Canine h/d		\$	57.00	404	17 Euk K-9 Optimum Weight Control 5.5#	\$	15.00
3939 Canine I/D		\$	91.00	404	3 Euk Kidney-Renal Plus 15.5#	\$	45.00
3909 Canine Vd		\$	30.00		2 Euk Renal Plus 5.5#	\$	19.00
3911 Canine Vd		\$	56.00		86 Eukanuba 14 oz individual cans	\$	3.00
2010 Coming III	dry i r.om	\$	34.00		21 Eukanuba FEL 6oz individ cans	\$	2.00
3910 Canine I/d	ory o.um				18 Eukanuba FEL Renal Plus 5.5#	5	29.00
	Lowfat GI Restore case	\$	32.00	, 101	4 Eukanuba FEL Renal Plus cs 12	\$	24.00
4111 Canina J/D		\$	29.00	40.	66 Eukanuba FEL Skin & Coat Plus LB	\$	29.00
3967 Canine J/Q		ş	30.00	,	cs12	•	
3907 Canine J/C		\$ \$	79.00		53 Eukanuba FELINE Urinary-s+ cs12	\$	21.00
3912 Canine k/d		3	30.00	400	32 Eukanuba FELINE Intestinal + 5.5#	ĭ	28.00
3914 Canine k/d		\$ \$	53.00	/ //	50 Eukanuba FELINE lintestinal +case 12		24.00
3915 Canine k/d		5	90.00		28 Eukanuba FELINE low pH/s eacan	\$	2.00
3913 Canine k/d		\$	32.00	, ,,	29 Eukanuba FELINE mod pH/O 5.5#		25,00
3904 Canine L/D		\$	34.00	,	55 Eukanuba FELINE mod pH/O cs 12	\$ \$	23.00
4079 Canine Vd		\$ \$ \$	64.00	40.	31 Eukanuba FELINE mod pH/O ea co	š	2.00
3671 Canine Me		5	54.00	, ,,	59 Eukanuba FELINE restr cal 18#	\$	63.00
3673 Canine Me		\$	75.08	40	25 Eukanuba FELINE restrical 4.5#	\$	20.00
3670 Canine Me		\$	22.00	, ,,	52 Eukanuba FELINE restrical cal 4.5%	\$	22.00
	tabolic case 12can	\$	35.00	400	52 Eukanuba FELINE reso cares 12 52 Eukanuba FELINE urinary-s + low	\$	63.00
3999 Canine n/d		\$ \$ \$	40.00	ar .	pH/s 20#	Ą	03.00
3952 Canine Pre	escription Individual Can	\$	3.00			æ	95.05
3938 Canine Pu	rina NFdry1∂#	\$	51.00		26 Eukanuba FELINE urinary-s + pH/s	\$	25.60
3966 Canine Pu	rina DCO 32#-dry	\$	79.00		5.5#	\$	76.60
3955 Canine Pu	rina EN canned case	\$	28.00	40	18 Eukanuba Intestinal + 30#	\$	75,00
	rina En formula 6# dry	5	21.00	400	51 Eukanuba Intestinal + case -12 09 Eukanuba Intestinal +15#	\$	30,00 46,00
3986 Canine Pu	rina HA dry 18.5#	\$	62.0		os Eukanuba intestinal +15# 08 Eukanuba Intestinal +5#	\$	18.00
				40	oo cakanaba iikesaliai .on	٠	10.00

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

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Tîme: 12:08:50 PM

PRODUCT	PRODUCT	DEE	PRICE	PRODUCT	PRODUCT	DEE	PRICE
ID	DESCRIPTION		= 1)		DESCRIPTION	{Qty =	
10	DESCRIPTION	7777		4035	Feline Tiki Cal individual can	5	1,75
Category N	ame: PRESCRIPTION DIETS-MISC. FO	ODS	(Cant)		Feline w/d can 5.5 oz 24/case	\$	36.00
Oatogory III	and I had draw trong ble to anount		(00)		Feline w/d dry 17.6 #	5	57.00
4034	Eukanuba Intestinai +Puppy 8#	\$	27.0D		Feline w/d dry 4#	\$	17.00
	Eukanuba Maximum Calorie Case 12	Š	27.00	3946	Feline w/d dry 8.5#	\$	32.00
	Eukanuba resp & max cal.form ind.	\$	3.00		Feline Y/D 4#	\$	25.00
	cans				Feline Y/D 8.5#	\$	48.00
4005	Eukanuba response FP 15#	\$	53.00		Feline Y/D case	\$	52.00
4019	Eukanuba response FP 30#	\$	92,00		Feline z/d 4#	\$	27.00
4004	Eukanuba response FP 6#	5	23.00		Feline z/d case 5.5oz. 24/case	\$	57.00
	Eukanuba response FP case 12	\$	36.00		Feline z/d dry 8.5#	\$	54.00
	Eukanuba Response KO 16#	\$	53.00		Hills FelinePrescription diet cans 5.5oz	3	2.00
	Eukanuba response KO 30#	\$	93.00		IVD Canine Analtergenic 8.8#	\$ \$	47.00
	Eukanuba resconse KO 6#	\$	23.00		IVD Calorie Control 15.4#	Š	47.00 41.00
	Eukanuba rest-cal Rewards 24oz	\$	7,00		IVD Carine HP Small Breed 8.8#	\$ \$	75.00
	Eukanuba restricted cal case12	\$	34.00		IVD Carine Adult PD 17.6#	\$	24.00
	Eukanuba resideted cal. 14#	\$	36.00		IVD Canine Cal Control 6,8# IVD Canine Cal Control HI PRO case	Š	64.00
	Eukanuba residcted cal. 28#	\$	66.00	9137	24	*	04.00
	Eukanuba restricted cal. 5#	\$	15.00	4110	IVD Canine Cal. Control High Fiber	5	67.00
	Eukanuba Serior Plus Joint 30#	\$ 5	84.00		Case	4	07.00
	Eukanuba Serior Plus/ Joint 15#	\$	44.00 2.50		IVD Canine Diabetic 7.7#	\$	26.00
	Fel IVD Pres. Diet Cans 5.5oz	\$	3.00		IVD Canine Diabelic case	š	66,00
	Feline 5.5 individual can	\$	40.00		IVD Canine Early Cardiac 17.6#	Š	60.00
	l Feline c/d can 5.5 oz i Feline c/d dry 17.6#	\$	58.00		IVD Canine Gastro Low Fat LF 17,6#	Š	56.00
	Feline c/d dry 4#	\$	19.00		IVD Canine Gastro Low Fat LF	\$	63.00
	Feline c/d dry 6.5#	Š	35.00		24can/case		
	Feline d/d 3.67	5	24.00		IVD Canine Gastro Low Fat LF 28.6#	\$	75.00
	Feline d/d cans 5.5oz. 24 case	\$	55,00	1000	IVD Canine Gastro Low Fat LF 6.6#	\$	26.00
	Feline DM case 5.5 cans	\$	41.00		I IVD Canine Hepatic 26.4#	\$	96.00
	Feline DM Dry 10#	\$	50.00		3 IVD Canine Hepatic 7.7#	\$	37.00
	Feline DM dry 6#	Š	34.00	4149	FIVD Canine HP Case	\$	77.00
	Feline g/d 5.5 ounce case	Š	40.00	410	7 IVD Canine HP Med, Cal 24.2#	\$	98.00
	Feline Hypoatergenic Treats	\$	4,00		3 IVD Canine HP Mod. Cal 7.7#	\$	36.00
	7 Feline l/d 8.5#	\$	37.00	396	8 IVD Canine Hypoallergenic Adult PD	\$	99.00
	2 Feline Vd can 5.5 oz 24/case	\$	40.00		25#	_	
	3 Feline i'd dry 4#	\$	20.00		2 IVD Canine Hypoallergenic Adult PD	\$	79.00
393	3 Feline k/d can 5.5 oz 24/case	\$	41.00		Casa		95.00
401	2 Feline Wd dry 4#	\$	21.00	-	3 IVD Canine Hypoallergenic Adult	\$	35.00
	0 Feline k/d dry 8.5#	\$	37.00		PD7.7#	\$	75.00
	5 Feline Vd can 5.5 oz 24/case	\$	45.00		2 IVD Canine Hypostlergenic Adult PR	Þ	75.00
	6 Feline Vd dry 4#	\$	22.0		17.8# 4 IVD Canine Hypoallergenic Adult PR	3	35.00
	3 Feline M/D 4# Dry	\$	21.0		7.7#	•	05.00
	2 Feline M/D dry 8.5#	\$	40.0		3 IVO Canine Hypoallergenic Adult PR	\$	85.00
	6 Feline Metabolic 8.5#	\$	36.0 37.0		case	•	00.00
	6 Feline OM Case	\$ \$	43.0		1 IVD Canine Hypoallergenic Adult PV	\$	75.00
	0 Feline Purina EN 5.5 oz case 24 8 Feline Purina HA 4#	\$	26.0		17,6#	•	
	2 Feline Purina NF 5.5 cans #24	\$	41.0		9 IVD Canine Hypoallergenic Adult PV	\$	99.00
	3 Feline Purina NF Dry 6#	\$	26.0	-	25#		
	6 Feline Purina OM 16#	Š	53.0		38 IVD Canine Hypoallergenic Adult PV	\$	35.00
	6 Feline Purina OM dry 6#	Š	23.0	0	7.7#		
	0 Feline Purina UR dry 16#	\$	55.0	0 406	34 IVD Canina Hypoatlergenic Adult PV	\$	85.00
	3 Feline Purina UR dry 6#	\$	27.0		case		
	'O Feline Purina UR SŤ/Ox case 5.5 сал	5 \$	41.0		10 IVD Canine Hypoallergenic HP 17.6#	\$	70.00
303	4 Feline rld 17.6# Dry	\$	57.0		01 IVD Carrine Hypoallergenic HP 7.7#	\$	35.00
	33 Feline r/d canned 5.5 ounces 24/case	\$	36.0		34 IVD Canine Moderate Cal PW 7.7#	\$	40.00
	8 Feline r/d dry 4#	\$	18.0		50 IVD Canine Renal LP 16# Dry	\$ \$	52.00 66.00
	12 Feline r/d dry 8,5#	\$	32.0		97 IVO Canine Renal LP 24 cans case 30 IVO Canine Renal LP 5.5# Dry	\$ \$	22.00
	27 Felina s/d can 5.5 oz 24/case	\$	40.0		44 IVD Canine Renal MP 16.5#	\$	54.00
	4 Feline s/d dry 4#	\$	18.0		45 IVD Canine Renal MP 24can/case	\$	66.00
	19 Feline T/D 4#	\$ \$	18.0 38.0		41 IVD Canine Renal MP 6# Dry	Š	25.00
	20 Feline T/D 8.5# 10 Feline Tiki Cat 12can case	5	15.0		32 IVD Canine S/O MODERATE Cal 7.3		33.00
40	IO LEGING THAT GAIL LASA	•					

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

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PRODUCT PRODUCT	DEF. I	PRICE	PRODUCT	PRODUCT		PRICE
ID DESCRIPTION	(Qty =	: 1)	<u>ID</u>	DESCRIPTION	(Qty	
				Convenia Injection 80.1 - 90#	\$	140.00
Category Name: PRESCRIPTION DIETS-MISC, FO	ods (C	Cont.)		Convenia Injection 90.1-100#	\$	150.00
14/0 N/O O		63.00		CPR-cardiopulmonary resusc. Cremation > 125lbs	\$ \$	275.00 170.00
4118 IVD Canine S/O MODERATE cal 17.6# 4131 IVD Canine S/O MODERATE CAL		57.00 33.00		Cremation 1-24 lbs	¢	80.00
7.7#	\$	33,00		Cremation 100-124	***	150.00
4129 IVD Canina S/O MODERATE case	\$	74.00		Cremation 25 to 49 lbs	\$	85.00
4128 IVD Canine Satisty Support 17.6#	5	52.00		Cremation 50 to 74 lbs	\$	95.00
4096 IVD Canine Satisty Support 26,4#		68.00	215	Cremation 75 to 99 pounds	\$	120.00
4127 IVD Canine Satisty Support 7,7#	5 5	27.00		Cremation Services, See Below	\$	0.00
4126 IVD Canine UC Low Puring 18#	5	61.00		Cremation, Processing Fee	\$	45.00
4144 IVD canine trinary S/O REGULAR	\$	72.00		CSF Tap	\$	300.00
Case		F4 00		Ear flush - 2 ears Ear flush - one ear	\$ \$	295.00 275.00
4092 IVD Cenine Vegitarian 16.5# Dry	\$ S	56.00 77.00		EKG-electrocardiogram	\$	70.00
4102 IVD Canine Vegitarian Case 4094 Ivd Feline 2.5oz / 3ozcan	\$	2.00		Endoscopic Exam/Services	\$	100,00
4125 IVD Feline Gastro Fiber Response	\$	41.00	281	Endoscopy & Ultrasound-Mob.vu	\$	800.00
8.8#	•			Endoscopy-specialist/up or low	\$	700.00
4123 IVD Feline Gastrointestinal HE 8.8#	\$	44.00	283	Endoscopy-upper and lower	\$	950.00
4124 IVD Feline Gastrointestinal HE case	S	44.00		Enema - deobstipate	\$	185.00
4049 IVD Feline HE 24can case	5	43.00		Enema Administration	\$	65.00
4105 IVD Feline HP 7.7#	\$	52.00		Euthanasia <16 # in office	\$	85.00
4066 IVD Feline Hypcallergenic Adult PV	\$	61.00		Euthanasia >60# in office Euthanasia 15 lbs or less	\$ \$	100.00 65.00
case/	\$	00.00		Euthanasia 15 to 30 lbs	\$	70,00
4065 IVD Faline Hypoattergenic Adult PV 8.8#	3	60.00		Euthanasia 15-30# in office	\$	90.00
4078 IVD Feline Hypoallergenic PD 8.8#	\$	60.00		Euthanasia 30 to 60 lbs	\$	75.00
4076 IVO Feline Hypoallergenic PD case	\$	65.00		Euthanasia 30-60# in office	\$	95.00
4090 IVD Feline Hypoallergenic PR 8.8#	Š	60.00	224	Euthanasia 60 lbs & over	\$	85.00
4098 Ivd Feline Hypoallergenic PR case	\$	65.00		Euthanasia Lab animal/bird	\$	50.00
4117 IVD Feline MODERATE CAL S/O 3oz.	\$	36,00		Euthanasia Services, See Below	\$ \$	0.00
4133 IVD Feline MODERATE CAL S/O 6.6#		36.00		' Eye - tear test (Schirmer) 3 Eye - tonometry	\$	25.00 35.00
4997 IVD Feline Renal L/P 2.5 # 4020 IVD Feline Renal LP 7# Ory	\$	15.00 34.00		Eye-comeal staining fluorosce	\$	25.00
4027 IVD Feline Renal LP case 24 6oz. cans	. \$	49,00		Eye-Schirm/corneal fluor.stain	Š	40.00
4024 IVD Feline Renal LP Modified 3.oz./24		34.00	230	Fluid Therapy - SC/ml (O.P.)	\$	28.00
4143 IVD Feline S/O 3,3#	\$	19,00	45	5 Fresh Frozen Plasma Administration	\$	80.00
4089 IVD Feline \$/O 5.8oz case 24	\$	44.00		i Heartworm Tx -injection-(not inclu.	\$	68.00
4077 IVD Treats	\$	9.00		med)	\$	29.00
4099 open	\$	0.00		7 Injection #1 8 Injection #2	\$	39.00
Calagoni Namai BEOF SEDVICES DOCCEDIDE	e		24	9 Injection #3	š	48.00
Category Name: PROF, SERVICES-PROCEDURE	.5			9 Injection - Anzemet	\$	35.00
299 "Write Int	\$	0.00		5 Injection - GRI Pain Medication	\$	48.00
202 Anal Sacs - Infusion	\$	40.00	28	5 Injection Amika250mg/ml +inj	\$	8.00
203 Bandaging - routine	\$	35.00		5 Injection- Baytril/ml + inj	\$	3.00
262 Baytrii înjectable/mi + inj.	\$	3.00		4 Injection- hospital treatment	\$ 5	12.00
269 Beak and nail clip	\$ \$	22.00		3 Injection- pain medication 8 Injection-Adequan/ mt + inj tee	\$	24.00 20.00
270 Beak and wing clip	\$ \$	26.00 20.00	•	7 Injection-Amik50mg/mi +inj fee	\$	1.25
276 Beak Clip 276 Blood pressure measurement	Q.	45.00		4 Injection-Avid FriendChip	\$	48.00
206 Centesis - abdominal	\$	150.00	20	4 Injection-Cefatoxin bottle	\$	14.00
208 Centesis - arthro (joint)	\$	65.00) 25	2 Injection-Chloramphen/bottle	\$	18.00
209 Centesis - percutaneous	\$	30.00		3 Injection Epogen	\$ \$	48.00
210 Centesis - thoracic (chest)	***	155.00	* ^~	9 Injection-Hetastarch 8 Injection-hypertonic saline	ð e	70.00 40.00
294 Colonic Flush Inc. Cytology	\$	120.0	• ••	a injection-nypertonic same 8 Injection-Metronidazole/ml+inj	\$	12.00
235 Convenia Injection 0-15 # 236 Convenia Injection 15.1-30#	4	65.0 78.0		6 injection-Papsid/ml + inj. fee	\$ \$	5.00
237 Convenia injection 30.1-40#	\$	88.0	•	4 Injection-Rimady/ml	\$	29.00
238 Convenia Injection 40.1-50#	\$	98.0	o 25	4 Injection-Shock treatment	\$ \$	38.00
239 Convents Injection 50.1- 60#	\$	108.0	0 24	2 Injection-Soludelta cortef 100	\$	32.00
240 Convenia Injection 60.1 - 70#	\$	120.0	~ ~	3 Injection-Soludelta cortef 500	\$ \$	45.00
241 Convenis Injection 70.1 -80#	\$	130.0		i 1 Injection-Solumedroi boltle i 3 Injection-subconjunctival	\$ 5	48.00 25.00
				a ndamen anagordan anta-	•	

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

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RODUCT PRODUCT DESCRIPTION	DEF (Ob	, PRICE = 1)	ID	PRODUCT DESCRIPTION		. PR/CI / = 1}
2001111 (1011	1001			Returned Check Services	1	30.0
ategory Name: PROF, SERVICES-PROCEDURI	ES (Coi	nt.)		Telephone & UD Charges	\$	0.0
297 insulin-CRI	\$	48.00	Category N	lame: SURGICAL SERVICES		
3897 Medicine Administration 2x per day	\$	22.00				
232 Microfilaria Treatment	\$	0.00	800) (BANDAGES & CASTS, 800-824)	\$	0.0
158 Nall Ctip Large Bird	\$	22.00		GASTROINTESTINAL, 826-859)	\$	Q.
84 Nasal oxygen catheter	\$	85.00	860) (HEMATOPOETIC, 860-889)	\$	0.
233 Obstetrical Assistance	\$	350.00		6 (INTEGUMENT/EAR, 1075-1119)	\$	0.
250 Pedicure - courtesy	\$	0.00		(MUSCULOSKELETAL, 890-949)	\$	0.
251 Pedicure - nall trim	\$	15.00		(NEUROLOGICAL, 950-969)	\$	0.
271 Pluck Ears/Nails	\$	20.00		O (OPHTHALMIC, 870-1019)	\$	0
287 Poison ingestion treatment	\$	155.00	1020	O (RECONSTRUCTIVE, 1020-1049)	\$	0.
274 Rabbit Teeth Clip/Nails	\$	40.00		0 (RESPIRATORY, 1050-1074)	\$ \$	9.
286 Special Servlate treetment 260 Tear duct flush	\$ \$	7.00 65.00) (SPECIAL/MISC., 1120-1139)) (UROGEN!TAL, 1140-1197)	\$	0
273 Teeth Clip-lab animal	\$	28.00		9 *Surgery	\$	0.
259 Tracheal Wash/collection	\$	285.00		7 <open></open>	Š	0
205 Video oloscopy	\$	22.00		6 Abdominal Exploratory	\$	600
272 Wing Clip	Š	20.00		1 Abdominal Tao- Drain Fluid	\$	150
	•			1 Abscess treatment	Š.	275
itegory Name: RADIOLOGY SERVICES				9 Alter dog 15-30# inc. pain med	\$	260
.			115	0 Alter dog 30-60# Inc. pain med	\$	270
611 X- Ray Special Contrast Media	\$	20.00		1 Aller dog 60# + Inc. pain med	\$	300
Charge1				8 Alter dog< 15# Inc. pain med	\$ \$	250
699 "Write In4	\$	0.00		2 Alter Feline	\$	120
608 Dental X-ray (>5)	\$	95.00		9 Alter rabbit	\$	325
605 Dental X-ray (1)	\$	45.00		7 Aller-Ferret	\$	80
606 Dental X-ray (2)	\$	55.00		3 Amikacin Injection Syringe <1ml	\$	15
607 Dental X-ray (3-5)	\$	75.00		Amputation/digit(s) Amputation/extremity	Þ	575
605 Dental X-ray (1) 606 Dental X-ray (2) 607 Dental X-ray (3-5) 603 GI (barium) Series, cat 504 GI (barium) Series, dog 619 Hip X-Ray	\$ \$	350.00		3 Amputation/tail	****	900 375
619 Hip X-Ray	5	400.00 95.00		5 Anal Sac Resection	š	750
4150 IVD Canine Anallergenic 19.8#	\$	92.00		7 Anal Sac(s) Abscess	š	285
4152 IVD Feline Senior Consult 24/5.8oz	\$	42.00	82	8 Anal Sac(s) Removal	Š	600
case	•		83	9 Anastamosis-intestinal	\$	950
4151 IVD Feline Senior Consult 7,7#	\$	39.00		5 Apomorhine Administration	. \$	80
615 IVP XRay Urinary Trad, dog	\$	325.00		8 Arthogen 32 oz.	, \$	47
614 IVP XRay-Urinary Tract, cat	\$	400.00	89	4 Arthrotomy	\$	590
609 Radiology Consultation Specialist	\$	105.00		2 Avulsed nail/bandage - major	\$	90
602 Recheck X-ray	\$	65.00		Avulsed nail/bandage-minor	\$	45
622 Sonogram screen	\$	110.00) 80	11 Bandaging - compression	\$	33
616 Ultraspund	\$	325.00		22 Bandaging - minor	\$ \$	30 40
626 Ultrasound Dr. Reid	\$	375.00) DC	33 Bandaging - moderate		58
617 Ultrasound - 2 cavilies 625 Ultrasound - 2 cavilies- Dr. Reid	\$ \$	505.00 565.00	, D. I Ar	04 Bandaging - Robert Jones 05 Bandaging - surgical extensive 29 Biopsy (gastrointestinal)	\$	58
618 Ultrasound and Biopsy	\$ \$	525.00	, 81	29 Bioosy (gastrointestinal)	\$ \$	600
627 Ultrasound and Biopsy Dr Reid	\$	0.00				375
621 Ultrasound guided aspirate	\$	115.00	89	35 Biopsy (muscle or bone)	\$	150
629 Ultrasound guided aspirate Dr Reid	š	0.00	107	77 Blopsy (skin)	\$	150
620 Ultrasound guided biopsy only	\$	220.00) 114	12 Biopsy (urogenital)	\$ \$	37
630 Ultrasound guided biopsy only Dr Re		0.00) 89	96 Blopsy lymph nada	\$ \$	27
677 Ultrasound-Focused assessment	\$	90.00) 191	ec Siopsy lymph hode 21 Boarding Additional Day(s) 31 Canine Hypoallergenic Treats	\$	(
601 X-Ray Addition View	\$	72.00	390	o i Canine Hyposilergenic Treats	\$	10
612 X-Ray Special Contrast Media Charg		30.00	J 81	07 Casting - fiberglass	\$ \$	325
613 X-Ray Special Contrast Media Charg		40.00	וצ ע ום ר	08 Casting - Mason metasplint 09 Casting - plaster	3 S	200 300
500 X-Ray-first view	\$	92.00		11 Casting - plaster	\$	300
Standar Name: SPECIAL MEODIATION SER	VICE			43 Castration, See Below	\$	100
ategory Name: SPECIAL INFORMATION-SER	AICE			61 Cesarian Section	\$	60
5000 *Balance exists from	\$	0.00		71 Chalazion	\$	16
5001 NYS Reimburse spay/neut adjust	\$	0.00		77 Conjunctival Flap	\$	300
RET Return/Credit	\$	0.00	5 8	97 Cruciate Ligament Repair	\$	700
				45 Cryptorchid (cat)	S	35

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PRODUCT PRODUCT DESCRIPTION	DEI	PRICE	PRODUCT	PRODUCT DESCRIPTION		F. PRICE
220/01/10/1	7000		837	Liver Biopsy		y = 1)
Category Name: SURGICAL SERVICES (Cont.)				Mass Removal-external (major)	\$	400.00
Government and Court of Court			1090	Mass Removal-external (minor)	5 \$	600.00
1144 Cryptorchid (dog)	\$	450.00	1128	Mass Removal-Internal (major)	\$	200.00 800.00
13 Cushings Disease Training	\$	45.00	1129	Mass Removal-Internal (minor)	\$	700.00
1159 Cystotomy - Cat	Š	600.00	1165	Mastectomy (Cat)	\$	500.00
1160 Cystolomy - Dog	5	650.00		Mastectomy (Dog)	\$	
1163 Cystofomy/urethrotomy	\$	900.00	1130	Microchip Ident implant	\$	650.00 68.00
900 Declay Cal (coas)	œ.	325.00	1059	Nasal flush feline	\$	90.00
911 Declaw Feline (all) with alter 898 Declaw Feline 4	\$ \$ \$	600,00		Nasal Fold Excision		225.00
898 Declay Faling A	ě	475.00		Nasolacrimal Flush/cath	\$ \$	
899 Declaw Feline(2)	ď.	325.00	1053	Nasopharyngeal Polyp Removal	\$	60.00 300.00
915 Declaw over 2 years old	œ.	450.00	1168	Nephrectomy	4	
901 Declaw/Alter cat	\$ \$	400.00	1160	Nephrotomy	\$ \$	800.00
1188 Descent-Ferret	4	200.00	083	Nicilians Eye Flap	è	800.00
902 Dewclaw Removal (puppy)	\$		าวสา	Omega Tri-V Caps Small 60ct	\$ \$	110.00
903 Dewclaw(s) & Tail(s)/Puppy	\$	125.00 35.00	1123	Operating Room Fee	Š	12.00
251 Disabasantis basis sacris						300.00
951 Diaphragmatic hemia repair 904 Docking Tail(s) (only)	\$ \$	900.00		Ovariohysterectomy, See Below Partial Laryngectomy		0.00
1000 For Proposition (hill-form)		30.00 625.00	1000	Postlogus Mustondoscolorus	\$	350.00
1081 Ear Resection (unitateral)	\$. 910	Pectineus Myotendonectomy PEG tube placement	\$	250.00
1001 Eat Nesection (unitateral)	\$ \$	800.00				350.00
623 Echecardiogram	5	325.00	1130	Perianal adenoma	\$	550.00
623 Echecardiogram 628 Echecardiogram - Dr Reid 830 Enterotomy-remove foreign body 973 Enterotomy	\$	375.00		Perianal Adenoma/Castration	\$ ` \$	700.00
and Europound-Lewone totalin good	\$	800,00	030	Pharyngostomy Tube Placement	\$	120.00
973 Enucleation 990 Esophagostomy tube 976 Eye-Grid Keratotomy 984 Eye-replace gland of nictitans 974 Eyeki Surpopular	\$	800.00		Pyloroplasty	\$	400.00
990 Esophagostomy tube	8	175.00		Pyometra, canine	\$	850.00
976 Eye-Grid Keratolomy	Ş	150.00	11/5	Pyometra, feline Rectal Prolapse Salivary Mucoseole Sacratal Abblica	\$	700.00
984 Eye-replace gland of nictitans	Ş	400.00	841	Rectal Projapse	ş	325.00
974 Eyeld Surgery/major	5	500.00	042	Salivary Mucoseole	\$	650.00
975 Eye£d Surgery/major x 2	\$	425,00	1100	Schotal Walation	\$	425.00
974 Eye#d Surgery/major x 975 Eye#d Surgery/major x 2 978 Eye#d Turnor Removal 905 Femoral Head Ostectomy	\$	400.00		Soit Paws Application	5	45.00
905 Femoral Head Ostectomy	\$	800.00	1184	Spay cat + Decl 4 inc pain med	\$	675.00
1617 Fluids to start on arrival at the Hosp.	\$	0.00	1185	Spay cal/declaw(2)inc pain med	\$ \$ \$	650.00
906 Fracture Repair/IM pinning	\$	900.00	1177	Spay dog 15-30 # inc. pain med	\$	305.00
907 Fracture Repair/KE apparatus 908 Fracture Repair/Mandibular 909 FX Repair/Mandibular Symphysis 831 Gestric Layena	\$	900.00	1178	Spay dog 30-50 # Inc. pain med	\$	325.00
908 Fracture Repair/Mandibular	5	425.00	1179	Spay dog 51-80# inc. pain med	\$	340.00
909 FA Repair/Mandibular Symphysis	\$	400,00	1100	Spay dog 80 lbs+ inc. pain med	\$	460.00
COT CERTIFIC CATEGO	\$	325.00	11/0	Spay dog<15 lbs inc.pain med	\$	285.00
832 Gastric Torsion Complex	Ş	1,200.00	1101	Spay faline including pain med	\$	285.00
833 Gastrotomy	\$	800.00	1100	Spay failine preguinc pain med	\$	675.00
834 Gastrotomy Lube	\$	350.00	1102	Spay feline/heat inc.pain med	\$	380.00
1079 Hematoma-Aurai	\$	325.00	1180	Spay ferrel	ş	120.00
1021 Hestila (diaphragmatic)	ş	900.00	1190	Spay mature dog-surgical fee Spay Rabbit	\$	325.00
833 Gastrotomy 834 Gastrotomy Tube 1079 Hemaloma-Aural 1021 Hemia (diaphragmatic) 1022 Hemia (inguinal) 1023 Hemia (pedianal) 1031 Hemia-Umbilical - Cat 1030 Hemia-Umbilical - Dog 1029 Hemia-Umbilical w/Atter 1028 Hemia-Umbilical w/Spay 912 Hip Luxation Closed Reduction 913 Hip Luxation Open Reduction	\$	800.00	1186	o opay Naboli	\$	400.00
1023 Hernia (perianal)	\$	800.00	864	Splenectomy	\$	800.00
1031 Herna-Umblicat - Cat	\$	350.00	1054	Stenotic Nares Repair Surgery Dr. Sevalla Tendon Repair	\$ \$	325.00
1030 Hemia-Umbilical - Dog	\$	350.00	865	Surgery Dr. Sevalia	5	800.00
1029 Hemia-Umblical W/Alter	\$	200.00	910	Figure Repair	\$	450.00
1028 Hernia-Umbilical w/Spay	\$	160.00	214	Telinonecionia	\$	400.00
912 Hip Luxation Closed Reduction 913 Hip Luxation Open Reduction 910 Hygroma Correction/Elbow 835 Intestinal Anastomosis	\$	400.00	1154	Testloular Tumor Thoracic Tap - Drain Fluid	\$	450.00
913 Hip Luxation Open Reduction	\$	800.00	1122	Tuotacic Tab - Drain Fluid	\$	155.00
910 Hygroma Correction/Elbow	\$	400.00		Thoracolomy	\$	1,000.00
835 Intestinal Anastomosis	\$	850.00	1092	2 Thyroldeclomy	\$	800.00
835 inwasausception	- 3	850.00	105	Tracheolomy	\$	300.00
3978 IVD Canina Prescription can	\$	4.00	115	? Urethrostomy	\$	800.00
4071 IVD Faline Prescription can 6oz 3586 Keta Chlor Shampoo	\$	3.00	1192	Urethrostomy Urethrostomy/feline male Urinary Obstruction/canine Urinary Obstruction/feline Urinary Obstruction/feline Urohydropulsion Vallum Syringe	\$	800.00
3585 Keta Chier Shampoo	\$	20.00	119	Unnary Costruction/carine	\$ \$ \$	275.00
980 Laceration (corneal)	\$	400.00	1194	i Unnary Costruction/reline	\$	225.00
1027 Laceration (intermediate) 981 Laceration (lid)	\$	300.00	1104	· Uronyorophision	\$	325.00
981 Laceration (fid)	\$	350.00	2490	valien Sylinge	\$	14.00
1025 Laceration (major)	\$	400.00	330	3 Vetsulin 10mī	\$	44.00
1026 Laceration (minor)	\$	250.00				
919 Laparotomy 1987 Lip Fold Correction	. \$ \$	800.00 400.00				

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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 Korket Dring (Name)
MITCHELL KOTHEDVIM (Name) 264 CV Old Confy Rd Stretentle Maddress)
566777 (Telephone Number)
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
In the past five years, Contractor has has has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

4,	initiated judicial action has / 17 the Contractor in connection with federal,	pational safety and health. If such a proceeding,
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I hereb	Living Wage Law and investigating emp	purpose of monitoring compliance with the
2 - Dated	- <u>S - / S</u> - Sig	prature of Chief Executive Officer
		Mtellel Ronf me of Chief Executive Officer
Sworr	rn to before me this	
Notai	Lichele Scarcyguis	MICHELE A. SCARAZZINI OTARY PUBLIC-STATE OF NEW YORK No. 01SC6106842 Qualified in Nassau County Iy Commission Expires March 15, 20/6

OWNERSHIP DISCLOSURE DOCUMENT

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

SOLE PRINCIPAL: MITCHELLKORNET, DVM

INSURERISTAFFORDING COVERAGE

INSURER A Travelers Casualty Insurance Company of Americ ,19046

REVISION NUMBER:

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PERSONAL & AGY PATURY

DENERAL AUGPEDATE

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

CERTIFICATE NUMBER:

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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

6806187R024

certificate holder in lieu of such endorsement(s).

Mid Island Animal Hospital

264 W. Old Country Road

Hicksville, NY 11801

TYPE OF INSURANCE

CLAIMS-MADE X OCCUR

COMMERCIAL GENERAL LIABILITY

GEN'L AGGREGATE LIMIT APPLIES PER

POLICY OTHER AUTOMOBILE LIABILITY ARY AUTO ALL OWNER AUTOS

PRODUCER License # 100290819

65 East Jackson Boulevard Floor 14A Chicago, IL 60604

INSURED

COVERAGES

Chicago, IL-Hub International Midwest West

CERTIFICATE OF LIABILITY INSURANCE

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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

ADDRESS.

INSURER C

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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.

POLICY NUMBER

MONE (A/C. No. EXI). (312) 922-5000 E-MAIL

POLICY EFF POLICY EXP

08/09/2015 08/09/2016

RMURRAY MIDISLA-01

(A/C, No). (312) 922-5358

LIMITS

DATE (MM/UD/YYYY) 4/5/2016

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262 Old Country Road Mineola. NY 11501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED PERPESENTATIVE.

Contract ID#: CQDA15000004

CLDA16000007

Department: District Attorney

SERVICE <u>Veterinary Services</u>

NIFS ID #: CLDA16000007

Contract Details

NIFS	Entry Date:	04/26/16	Term	03/01/16 02/28/17
	Linuy Date.	0 1720/10	t Olim.	<u>UD/U1/10 - UZ/20/1/</u>

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

Agency Information

rijerija (m. 1940.) Prijerija (m. 1940.)	endor
Name Mid Island Animal Hospital	Vendor ID# 11-2648297
Address	Contact Person
264 West Old Country Road	Barbara Reynolds
Hicksville, NY 11501	Office Manager
	Phone
	(516) 681-5477

	ounty Department
	tment Contact ert McManus
Addr	:55
Nass	au County District Attorney's Office
262	Old Country Rd.
Min	eola, NY 11501
Phon)
(516) 571-3354

Routing Slip

₹ĎATĖ () Rec'd. %	DEPARTMENT	Internal Verification		DATE ## Appv'd& Fw'd.	7 SIGNATURE:	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	X X	4/27/16 5/02/16	Viel Cord	
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Contract ID#: CQDA15000004 CLDA16000007



Department: District Attorney

							
Description: District Attorn	This is an amen nev's Office. T	ndment to extend an exist his amendment extends t	ing agreement for veter	rinary services for	a facility dog at the S	pecial Victims Bur	eau of the
Purpose: The	services to be i	provided by the Contract	or under this Agreemen	it shall consist of	canine veterinary serv	ices which will in	aluda but nat ba
Illunted to diag	gnostic exams, e	emergency medical care,	emergency surgery, ke	nnel calls for both	h emergencies and rou	tine care and other	related services
to promote the	e health and we	ll-being of the dog assign	ned to the District Attor	ney's Office Spec	cial Victims Bureau.		
Method of Pr	- nauramanti						
		nd familiarity with the d	og's freatment and med	lical history			
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donated to the	District Attorn	ey's Office. The dog's fi	inction is to help vulne	rable and frighten	ed victims and witness	ses — particularly al	hildren to fool
more comforta	able discussing	traumatic or violent ever	its or experiences. The	amount of the ori	ginal agreement was \$	5,000.00 and ampl	e funding
remains from	that amount to c	cover the term of this ext	ension.			ŕ	J
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Resp;	DA	Federal	\$	3	/		\$
	B91A DE						Ф
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RULES RESOLUTION NO. /63 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 Courty Legislature
By Voice Vote on Olulo
VOTING:
ayes 7 hayes O abstained O recused O
Legislators present:

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 Isla	nd Anima	ıl Hospital		
CONTRACTOR	ADDRESS: 264	West Old	Country Rd.	, Hicksville, N	<u>/ 11501</u>
FEDERAL TAX	ID #: <u>11-2648297</u>	T			
	ase check the ap				the following
for sealed bids.	t was awarded to The contract was bids were publicly of	awarded a	fter a request	for sealed bids	was published
The Contract was en [date]. Potential properties [newspaper advertise copies of the RFP, received and	ctor was selected ntered into after a wr posers were made aw ement, posting on wel Proposals were du- evaluated.	itten request are of the av osite, mailing e on The	for proposals valuability of the g, etc.]. [i	vas issued on RFP by #] of potential pro [date] [#]	posers requested proposals were
	f the scoring and rank		list members].	The proposals vanking proposer w	vere scored and as 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.			
\Box 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. X 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.			
X A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.			
□ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).			
C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.			
□ D. Pursuant to General Municipal Law Section 119-0, the department is purchasing the services required through an inter-municipal agreement.			
VI. This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of			

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. X 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. 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

<u>NOTE:</u> 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



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

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.



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

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



POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

pursuant to the New York State Election ending on the date of this disclosure, or () years prior to the date of this disclosure a campaign committees of any of the follow committees of any candidates for any of the	Law in (a) the period beginning April 1, 2016 and b), beginning April 1, 2018, the period beginning two and ending on the date of this disclosure, to the wing Nassau County elected officials or to the campaign the following Nassau County elected offices: the County oller, the District Attorney, or any County Legislator?	
	be signed by a principal of the consultant, contractor or irm for the purpose of executing Contracts.	
The undersigned affirms and so swears the statements and they are, to his/her knowl	nat he/she has read and understood the foregoing edge, true and accurate.	
The undersigned further certifies and affindentified above were made freely and we benefit or in exchange for any benefit or	rms that the contribution(s) to the campaign committees ithout duress, threat or any promise of a governmental remuneration.	
V (1 / 1-	Vendor: Mid Island Mink Signed: Mid Island Mink	2 Hogrif
Dated: 44/6	Signed: M+chell Koroc	Par
•	Title:	1

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 Date of birth _ 3 U / < Home address ____ City/state/zip Business address _____ City/state/zip _____ Telephone _____ Other present address(es) City/state/zip _____ Telephone _____ List of other addresses and telephone numbers attached Positions held in submitting business and starting date of each (check all applicable) President ___/ __/ 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? NO ___ YES _/ If Yes, provide details. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO YES If Yes, provide details. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit 5 organization other than the one submitting the questionnaire? NO YES YES JIF Yes, provide details. 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.

or Pre	as a res ovide a	affirmative answer is required below whether the sanction arose automatically, by operation of law, sult of any action taken by a government agency. detailed response to all questions checked "YES". If you need more space, photocopy the 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 _t 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 _v YES If Yes, provide details for each such instance.			
8	and/or portion initiate procee respon attach	any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings d more than 7 years ago and/or is any such business now the subject of any pending bankruptcy edings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed use to all questions checked "YES". If you need more space, photocopy the appropriate page and it to the questionnaire.)			
	a)	Is there any felony charge pending against you? NO YES If Yes, provide details for each such charge.			
		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? NOYES If Yes, provide details for each such conviction.			
	е)	In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO LYES 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.			

PQF (02/2016)

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	1.∃n the past 5 years, have y	ou or this bu	sineşs, or a	any other affilia	ated business liste	ed in response to	
	Question 5 had any sanction	on imposed a	as a result o	of judicial or a	dministrative proce	edings with respec	ct to
	any professional license he	eld? NO 1	∕YES	If Yes: pro	vide details for ea	ch such instance.	

12. For the past 5 ta	x years, hav	e you failed to file any	required tax return	s or failed to pay	any applicable
federal, state or	loçal taxes c	r other assessed chai	rges, including but r	not limited to wate	er and sewer
charges? NO			tails for each such v		

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.

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 H day of March 2016

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

Name of submitting business

Print name

Signature

Title

14 1 4 1 10 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.

(US	SE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).
Оa	te: 44-16
1)	Bidder's/Proposer's Legal Name: Mid Island Mossibul LL
2)	Address of Place of Business: 264 W. Old County Road Hicksville NY. 1780/
Lis	t all other business addresses used within last five years:
3)	Mailing Address (if different):
	one: 5166815477
	es the business own or rent its facilities?
4)	Dun and Bradstreet number:
5)	Federal I.D. Number: 1/2648297
6)	The bidder/proposer is a (check one): Sole Proprietorship Partnership Corporation Other (Describe) /
7)	Does this business share office space, staff, or equipment expenses with any other business? Yes No(If Yes, please provide details:
8)	Does this business control one or more other businesses? Yes No // If Yes, please provide details:
9)	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 Noɛ/ 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)	as the bidder/proposer, during the past seven years, been declared bankrupt? Yes No Yes, state date, court jurisdiction, amount of liabilities and amount of assets
12)	the past five years, has this business and/or any of its owners and/or officers and/or any affiliated usiness, been the subject of a criminal investigation and/or a civil anti-trust investigation by any ederal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any event 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 each investigation was related to activities performed at, for, or on behalf of an affiliated business. If Yes, provide details for each such investigation.
13)	the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated usiness been the subject of an investigation by any government agency, including but not limited to ederal, 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 adividual's position at or relationship to an affiliated business. Yes Not If Yes, provide etails for each such investigation
14)	las any current or former director, owner or officer or managerial employee of this business had, ither before or during such person's employment, or since such employment if the charges ertained to events that allegedly occurred during the time of employment by the submitting usiness, 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.
business to any pro	It (5) years, has this business or any of its owners or officers, or any other affiliated had any sanction imposed as a result of judicial or administrative proceedings with respect offessional license held? No Yes; If Yes, provide details for each such
applicable and sewe detailed r	ast (5) tax years, has this business failed to file any required tax returns or failed to pay any e federal, state or local taxes or other assessed charges, including but not limited to water r charges? No Yes If Yes, provide details for each such year. Provide a esponse to all questions checked 'YES'. If you need more space, photocopy the te page and attach it to the questionnaire
Provide a de appropriate p	ailed response to all questions checked "YES". If you need more space, photocopy the page and attach it to the questionnaire.
17) Conflict o	f Interest:
a) ple	Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, ase 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.
	IN Congress of Congress
	(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
	(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.
b)	Please describe procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the suture. M. A.D. Jakas That a complete the loughty the will not for the County and have the loughty the company of an actual complete that

Α.	demon	a resume or detailed description of the bidder's/proposer's professional qualifications, strating extensive experience in your profession. Any prior similar experiences, and the results e experiences, must be identified. See all ached 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.		
В.	Indicat	e number of years in business. 32		
C.	Provider'	e any other information which would be appropriate and helpful in determining the 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.			
	Compa	any Nassar County District Attorney's Office		
	Contac	t Person Amanda Burke		
	Addres	ss 262 old Country Rd		
		ate Mineola NY 11501		
	Teleph	one (SIL) 571-3774		
	Fax#_	(516) 571-1119		
	E-Mail	Address amanda. burke @ Massauda org		
142				

Company	My Canine Coach	·
Contact Person_		
Address	7 Lillian Lane	
	Plainulew, NY 11803	
	(514) 822-5209	
	my canine coach @ aol. com	
	U	
Company		
Company		·
Contact Person	Mary Ann Notaro	
Contact Person	Mary Ann Notaro 138 Cambridge Dr	
Contact PersonAddressCity/State	Macy Ann Notaro 138 Cambridge Dr Hicksyille NY 11801	774.00
Contact PersonAddress	Mary Ann Notaro 138 Cambridge Dr	774.00

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, Michiel Wolf &, 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.

20 10

MICHELE A. SCARAZZINI

Sworn to before me this 4 day of MARCH

Mühlle Scarcypui Notary Public	No. 078C6106842 Qualified in Nassau County My Commission Expires March 15, 20 20
By: MTchell La raef Print	rinf Hospital LCC
Signature () / Title	

COUNTY OF NASSAU

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

1.	Name of the Entity: Mid Island Animal Hospik
,	Address: 264 W. Old County Rd
	City, State and Zip Code: Micksville N-9. 11801
2.	Entity's Vendor Identification Number: 1264 8297
3.	Type of Business: Public Corp Partnership Joint Venture
	Ltd. Liability Co Closely Held Corp Other (specify)
of Jo	List names and addresses of all principals; that is, all individuals serving on the Board of ctors or comparable body, all partners and limited partners, all corporate officers, all parties int Ventures, and all members and officers of limited liability companies (attach additional is if necessary): MARION OLD COMPART ALCONOMIC ACTOR OFFICERS HICKS WITE ACTOR OFFI ACTOR
5. share held (List names and addresses of all shareholders, members, or partners of the firm. If the holder is not an individual, list the individual shareholdres/partners/members. If a Publicly Corporation include a copy of the 10K in lieu of completing this section. Mitchell Loret Dum 264 Old County Add Hicksulle July July
	41.0K52-118 100-7 11801

age 2 ot 4	
	_
List all affiliated and related companies and their relationship to the firm entered on line above (if none, enter "None"). Attach a separate disclosure form for each affiliated or absidiary company that may take part in the performance of this contract. Such disclosure shall updated to include affiliated or subsidiary companies not previously disclosed that participate the performance of the contract.	ıll
120	
	_
List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, pid, 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 imited 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.	iot
(a) Name, title, business address and telephone number of lobbyist(s):	
Nore	

·	

 $(\mathbf{x}_{i}, \mathbf{x}_{i}, \mathbf{x$

(b) Describe	e lobbying activity of each lobbyist. See page 4 of 4 for a comple g activities.
	None
(c) List whe Nassau County, New Y	ether and where the person/organization is registered as a lobbyist
massau County, 146w 1	M × 100
Market Manager Committee C	MAC
8. VERIFICATION contractor or Vendor au	N: This section must be signed by a principal of the consultant, athorized as a signatory of the firm for the purpose of executing C
contractor or Vendor au The undersigned affirm	uthorized as a signatory of the firm for the purpose of executing C
contractor or Vendor au The undersigned affirm statements and they are	uthorized as a signatory of the firm for the purpose of executing C as and so swears that he/she has read and understood the foregoing to his/her knowledge, true and accurate.
contractor or Vendor au The undersigned affirm	athorized as a signatory of the firm for the purpose of executing Constant and so swears that he/she has read and understood the foregoing to his/her knowledge, true and accurate.

Page 4 of 4:

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 "<u>Amendment</u>"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "<u>County</u>"), 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 "<u>Contractor</u>").

WITNESSETH:

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

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

MID ISLAND ANIMAL HOSPITAL

By: Mital ADIA

Name: Mitale Roiset

Title: orue

Date: 44 lo

NASSAU COUNTY

Name: Charles Rebards
Title: County Executive
Deputy County Executive
Date: 6/30/16

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

STATE OF NEW YORK))ss.:
COUNTY OF NASSAU)
On the 4 day of MARCH in the year 2016 before me personally came Mitchell Kornet to me personally known, who, being by me duly sworn, did depose and say that she resides in the County of NASSOU; that he or she is the Owner of Mid Island Brunal Huthe 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. 018C6106842 Qualified in Nassau County My Commission Expires March 15, 2020
STATE OF NEW YORK)
)ss.: COUNTY OF NASSAU)
On the 30 day of in the year 2016 before me personally came ! Charles Ribando to me personally known, who, being by me duly sworn, did depose and say that he 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.
AMMUNICA COURT
PUBLIC MEXICAL PROPERTY OF NEW MINISTRAL PRO

APPENDIX A-1

Mid Island Animal Hospital

Price Listing

Thursday, March 24, 2016

PRODUCT	PRODUCT DESCRIPTION					PRODUCT DESCRIPTION		PRICE
ID Edd	X- Ray Special Contrast Media	(Qty = 1	11	D	201	ACTH Resp. 4 hrs & 5 hrs Post	<u>(Oty</u>	95.00
611	A- KBy Special Contrast Media	2	50.00		031	ACTI Resp. 4 nre a 5 nrs Most	4	65.00
me.c	Charge i		a da		2003	Tricostana	\$	1 54 40
600	(BANDAGES & CASTS, 800-824)	5	0.00		631	ACTH Resp. 4 hrs & 5 hrs Post	3 .	143.00
400	(BLOCO CHEMISTRY, 400-435)	\$	0.00		20.00	Tricostane	3	
1900	(BOARDING FEES, 1900-1920)	Š	0.00		222	ACTH response test ACTH response test		85.00
1620	(DAILY CARE FEES, 1520-1618)	5 \$ \$ 5	0.00	*		a compare the policy result.	\$	f43.00
	(FLUID THERAPY, 1600-1619)	\$	0.00	_		ACTH Response- Feline	\$	72.00
	(FLUIDS, 4301-4399)	5	0.00			ACTH Response- Feine	\$	130,00
	(GASTROINTESTINAL, 825-080)	5	0.00		2058	Adams Flee Dip 40z	\$	13.00
	(HEMATOLOGY, 438-460)	\$	0.00		2852	Adams Fies Of Dust II Joz	\$	0.00
	(HEMATOPOETIC, 889-889)	Ş	0.00				\$	14.00
	(HOSP/GEN,MED SUP, 4500-4549)	<u>ş</u>	0.00		1659	Additional Injections	\$	12.00
	(HOSPITAL INJECT., 1640-1659)	2	0.00		2357	Additional Injections Adequan Adranal Profée Test-Tennessea	\$	118.00
	(INTEGUMENT/EAR, 1075-1119)	\$	0.00		540	Adrenal Profee Test-Tennessee	\$	275,00
	(INVENTORY, 4300-4999)	\$	0.00		2200	Aerokat	\$	60,00
	(LABORATORY SUP., 4650-4799)	\$	0,00		ð	After Hours Exam	\$	115.00
4400	(MAINTAVARD SUP., 4400-4(88)	\$	0.00		2215	Alban 500mg	\$	15.00
	(MICROBIOLOGY, 481-479)	\$	0.00		2202	Albon Equidios	\$	15.00
	(MUSCULOSKELETAL, 890-849)	\$	0.00		401	A IPIE PRISE	\$	40.00
	(NEUROLOGICAL, 950-969)	\$	0,00		392	Aldosterone Level	\$	132.00
	(OFFICE/COMPUTER, 4800-4899)	\$	0.00		401	Aldesterone Level Alkeline Phosphalase Akerderm Spot On	\$	40.00
970	(OPHTHALMIC, 970-1019)	\$	0.00		2214	Axerderm Spc/ On	Ş	39.00
480	(PARASITOLOGY, 480-499)	\$	0.00		525	Asergy Testing-IgE	S	175.00
500	(PATHOLOGY, 500-519)	\$	0.00		3583	Allersob-T shampoo 8 oz.	S	12.00
6000	(PROLSERVIAVIAN+, B000-6099)	\$	0.00		87	Alpha Track 2 Glucose Meter	5	125.00
4900	(RADIOLOGY SUP., 4000-4999)	5	0.00		89	AlphaTrack 2 Lancels 100/bx	\$	22.00
	(RECONSTRUCTIVE, 1020-1046)	***************************************	0.00		88	Akerdem Spot Ch Akerdem Spot Ch Akergy Testing-IgE Akersob-T shampoo 8 oz. Akpha Track 2 Glucose Mater Alpha Track 2 Lencets 100/bx Alpha Track 2 Test Stripe 50/bx Aller dog 15-30ff inc. pain med Aller dog 90-60ff ind. pain med Aller dog 15-51 inc. pain med Aller dog 15-51 inc. pain med Aller feline	5	65.00
1050	(RESPIRATORY, 1050-1074)	\$ 5	0.00		1149	Alter dog 15-30# inc. pain med	8	250.00
1120	(SPECIAL/MISC., 1120-1136)	\$	0.00		1150	After day 30-60# inc. pain med	3	270.00
570	(TOXICOLOGY, 570-579)	\$	0.00		1151	Alter dog 60# + inc. pein med	\$	360.00
1(4)	(UROGENITAL, 1140-1197)	5	0.00		1148	Alter dog< 15if inc. pain med	\$	250,00
580	(UROLOGY, 580-597)	\$	0.00		1152	Alter Feline	\$	120.00
1991	*_nights @ \$ per night	5	00,00		1159	Alter rabbit	\$	325,00
1990	"_nights \$55 per night *tax	\$	0.00		1187	Alter-Formit	\$	00.08
5000	(OFECIAL/INS., 1120-1139) (TOXICOLOGY, 570-579) (UROGENITAL, 1140-1197) (UROLOGY, 580-997) "_nights @ \$per right "_nights @ \$per right *tax "Balance exists from "Surgery "Surgery	\$	0.00			Aleminum Hydroxide Powder 20dram	\$	15.00
1199	*Surgery	\$	0.00		AADT	Amiliania industran Surran e i mi	3.	15,00
\$3	*wife in	5 5 5	0.00		2351	Aminophylline Tabs 100mg Ammonii 600mg 1000ct Amoxi-Drops 50mg/mii 15mt Amoxi-Drops 60mg/mii 30mt Amoxi-Drops 60mg/mii 30mt Amoxiciliin Tebs 100mg	3.	15.00
199	*Write InO	\$	0.00		2207	Amenonii 600mg 1000ct	\$	90.00
	"Write In 1	\$	0.00		2204	Amoxi-Drops 50mg/mi 15ml	3	15,00
2099	*Write In10	\$	0.00		2205	Amoxi-Drops 60mg/mi 30ml	\$ \$ \$	20.00
	*Write In 11	\$	0.00		2200	Amoxicillin Tebs 100mg	\$	15.00
4299	*Write in 12	\$	0.00		1/12	ANTERNICIUM I PENS VARIETAT	\$	15.00
	Write in14	\$	0.00		2210	Amoxicillin Taba 200mg Amoxicillin Taba 400mg Amoxicillin Taba 400mg Amoxicillin Capa 500mg Amoxicillin Capa 500mo	\$	15.00
	"Write In3	\$	0.00		2211	Amoxicillin Tabs 400mg	\$	15.00
	"Write In4	\$	0.00		2212	Ampicilin Caps 260mg	\$.	50.00
	*Write In5	(4) (5) (4)	0.00		****	A transfer of the same and training	\$	60.00
	*Write In6	Ę	0.00		2754	Ampleillin wiSuttactam 1.5g wiprep	\$	30.00
	"Write In7	\$	0.00			+\$nj		
	White Ind	\$	0.00		891	Anspulation/digit(s) : Ampulation/extransiy : Ampulation/fall : Amylese	\$	675.00
	™ille In9	\$	0.00		89.	: Amputation/extremity	*	00,002
	<day 1629-1839="" care-reserved=""></day>	\$	0.00		593	Ampulation/fail	\$	400.00
	<0pgrp	\$	0.00		402	: Amylese) ANA-entinuclear antitody test) Anal Grands-express w/o exam) Anal Sac Resection	8	40.00
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4103	<0oen>1	\$	0.00		10	i Assi Gʻandş-express wio exam	\$	42.00
3900	<presc, 3800-4099="" diets,=""></presc,>	Ş	0.00					750.00
27 6	Andronian Evaluation	\$	600.00		827	' Anni Sec(s) Abacess	\$	285.00
1121	Abdominal Tap- Drain Fluid	\$	150,00		82	Anal Sec(s) Abscess Anal Sec(s) Removal	3	600.00
3499	Abdominet Capanavay Abdominet Capanavay ABS Antibartage Cofar Abscess treetment		180.00		16	And sac-express-mase	3	30.00
1091	Abscess treatment	\$	275.00		202	Name 2902 - Authricu	\$	40.00
		8	43.00		839	Anasterweis-intestinat	š 3	950.00
2452	Acepromazino Taba 10mg	\$	15.00 15.00		2598	Animax/EnteDerm Cintment	3	14,00
2453	Acapromazine Tabs 25mg	S	15,00			Anipryl 10mg/30 tablets	\$	105.00
521	Acepromazino Tebs 10mg Acepromazine Tebs 25mg Acetylcholine receptor test	\$	240.00		3466	Aniphy 15 mg / 30 tabs	\$	113.00
					348	Anipryl 2mg/30 Tablets	\$	00.89

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

Page 1

3468 Anii 3467 Anii 10 Anii 2221 Anii 2220 Anii 1955 Apc 2516 Apc 2516 Apc 2403 Arii 3098 Arii 3105 Arii 2602 Arii 2801 Arii 513 Ase 2509 Aloi 2508 Aloi 2508 Aloi 2508 Aloi 2508 Aloi 2508 Aloi 2508 Aloi 2508 Aloi 2508 Aloi	SCRIPTION pryl 30 regrotor pryl 30 regrotor pryl 50 regrotor pryl 50 regrotor pryl 50 regrotor probe Caps 75mg probe Caps 75mg probe 15 mg	\$ 100.00 \$ 68.00	403 404 829 1141 895 1077 1142 896 494 517 1917 1627 2555 557	DESCRIPTION Billrubin (drect) Billrubin (lotal) Bilopsy (gestrointestinal) Biopsy (kidniay) Biopsy (muscle or bone) Biopsy (muscle or bone) Biopsy (mocie or bone) Bio	\$ \$	7 = 11 43.00 43.00 800.00 875.00 150.00 375.00 275.00 61.00 45.00 45.00
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2220 Anti 1955 Apc 2517 Apc 2516 Apc 2516 Apc 2405 Arti 3105 Arti 305 Arti 2602 Arti 2801 Arti 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	irobe Caps 75mg provises Administration popul 16 mg popul 3,6mg popul 5,4 mg pul tablets 20 mg hogen 32 oz. tradax for Cels 6 oz.	\$ 15.00 \$ 80.00 \$ 15.00 \$ 15.00 \$ 15.00 \$ 29.00 \$ 39.00 \$ 160.00 \$ 15.00 \$ 15.00 \$ 15.00	1141 895 1077 1142 896 494 517 1917 1625 555	Biopsy (kidney) Biopsy (muscle or bone) Biopsy (skin) Biopsy (uropenital) Biopsy (uropenital) Biopsy tymph node Biopsy-margin evaluation Biopsy-wurgical margin eval. Bird boarding Bird or Lab Arimal Hospit. Bitter Apple 8 oz. Biood Cotacting Fee	*********	375.00 150.00 150.00 375.00 275.00 81.00 61.00 12.00 45.00 45.00
2220 Anti 1955 Apc 2517 Apc 2516 Apc 2516 Apc 2405 Arti 3105 Arti 305 Arti 2602 Arti 2801 Arti 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	irobe Caps 75mg provises Administration popul 16 mg popul 3,6mg popul 5,4 mg pul tablets 20 mg hogen 32 oz. tradax for Cels 6 oz.	\$ 15.00 \$ 80.00 \$ 15.00 \$ 15.00 \$ 15.00 \$ 29.00 \$ 39.00 \$ 160.00 \$ 15.00 \$ 15.00 \$ 15.00	1627 2555 557	Bird or Lab Animal Hospit. Bitter Apple 8 oz. Blood Dobectine Fee	*********	150.00 150.00 375.00 275.00 81.00 61.00 12.00 45.00 45.00
2801 Am 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	nicai tears Opni Sem Dicate Ipica 100mg	\$ 15.00 \$ 32.00	1627 2555 557	Bird or Lab Animal Hospit. Bitter Apple 8 oz. Blood Dobectine Fee	\$ \$ \$	150.00 375.00 275.00 81.00 61.00 12.00 45.00 45.00
2801 Am 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	nicai tears Opni Sem Dicate Ipica 100mg	\$ 15.00 \$ 32.00	1627 2555 557	Bird or Lab Animal Hospit. Bitter Apple 8 oz. Blood Dobectine Fee	\$ \$ \$	375.00 275.00 81.00 61.00 12.00 45.00 45.00
2801 Am 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	nicai tears Opni Sem Dicate Ipica 100mg	\$ 15.00 \$ 32.00	1627 2555 557	Bird or Lab Animal Hospit. Bitter Apple 8 oz. Blood Dobectine Fee	\$ \$ \$	275.00 81.00 61.00 12.00 45.00 10.00 45.00
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2801 Am 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	nicai tears Opni Sem Dicate Ipica 100mg	\$ 15.00 \$ 32.00	1627 2555 557	Bird or Lab Animal Hospit. Bitter Apple 8 oz. Blood Dobectine Fee	\$ \$ \$	\$1.00 12.00 45.00 10.00 45.00
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2801 Am 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	nicai tears Opni Sem Dicate Ipica 100mg	\$ 15.00 \$ 32.00	557	Blood Collecting Fee	\$	45.00
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2801 Am 513 Asp 2509 Alo 2506 Alo 2507 Alo 2508 Alo 2514 Alo	nicai tears Opni Sem Dicate Ipica 100mg	\$ 15.00 \$ 32.00	276			80.00
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2509 Ald 2506 Ald 2507 Ald 2508 Ald 2514 Ald	pice 100mg	4 105.00	714	Blood pressure monitor & (V	\$	28.00
2506 Alo 2507 Alo 2508 Alo 2514 Alo	aniam dinama"	5 100.04	454	Blood Processing Fee	*	55.00
2507 Alo 2508 Alo 2514 Alo	wine Ohma	ድ ቁንሶስ	1619	Blood Transfusion Cat	\$	140.00
2508 Alo 2514 Alo	grade action	\$ 41.00	1601	Blood Transfusion Cat-type A	\$	295.00
2514 Alo	pics 60mg	\$ 64,00		DIOGODBIN		
	pica for Cats **** 17 tilL viel	\$ 108.00		Blood Transfusion Dog-double unit	\$	325.00
2512 AJ0	poator Caus o mil Yiai	\$ 47,00		Blood Transfission Dog-skiple unit	\$	250.00
	opine Opth Olnimed 1%	\$ 32.00		Blood type	\$	75.00
	lologous Serum	\$ 70,00 \$ 90,00		Blood type and crossmatch	\$	110.00
512 AV	uland neil/oundage • major uland neil/oundage-minor 12 injectable 10ml wayringes	\$ 90.00	476	BNP Cardiac Test	\$	115.00
519 AV	niseo namoandage-minor	\$ 45.00	าษสา	Boarding Additional Day(s) Bearding Examination Bearding W Fluids	\$ 5	0.00
345,4 th 1	2 Injectable Turii wayninges	\$ 20.00 \$ 72.00	e nuero	Boarding Examination	5	32.00
	2 (Antech 838) 2 Injectable 100ml bottle	\$ 72.00	13941	Boarding w/ Fluids	\$	15.00 240.00
J403 0~1	z nijezusza nazmi bomo 2/Folele Assay (Arlach S16195)		460	Bone Marrow Examinol, collect Bordatella-without other serv.	\$	∡∧u,ç∪ 48.00
	besta cents Ber	\$ 122.00			ŝ	38.60
3330 Bas		\$ 18,00	9343	BPO-3 Medicated Shampoo Bravetto > 22 • 44 # 1 dose Bravetto > 24 • 86 # 1 dose Bravetto > 44 • 86 # 1 dose Bravetto > 44 # - 9.84 1 dose Bravetto 9.9 - 22# 1 dose Bravetto 9.9 - 22# 1 dose Bravetto 9.9 - 22# 1 dose	Š	13,00
	ndaging + compression	\$ 32.00	2.522	Braverio > 22 - 44 8 1 dose	8	68.00
			2421	Bravecto >44 - 88 # 1 does	8	58.00
803 Bar	ndaging - minor ndaging - moderale ndaging - Robert Jones ndaging - surgical extensive ndaging - surgical extensive nonella wastem blot fest	\$ 40.00	2424	Prayecto >88 -132 # 1 dose	ŝ	00.88
804 Bar	ndaging - Robert Jones	\$ 55,00	2423	Bravecto 4,4 # - 9,9¥ 1 dose		68,60
203 Bar	ndaging - routine	\$ 35,00	2426	Bravedo 9.9 - 22# 1 dose	83 85 E8	58.00
806 Ba	ndaging - surgical extensive	\$ 55,00	527	Brucellosis Titer	5	85.00
514 B.#	rionella western blot lest	\$ 52.00		Buffy Cost	\$	95.00
2011 Bat	th - medicated more than 80%	5 44.00		BUN (azo-stix)	5	17.00
2000 Bal	th Madicated 20 lbs or less	5 38.00	424	BUN/Creatinine	555555555	58.00
TONE ASS	n namananin in I mi na iha	\$ 42.00	2707	BUN/Creatines Buprenex syrings 0.3mg/ml Bur-Qtic	ş	4.50
	th Modicated 21 to 60 lbs	\$ 40.00 \$ 46.00	2510	BUF-UIC	3	9.00
	th Medicated 51 bs or more In Modicated Feline	\$ 46,00 \$ 35,00	: 40-11 1 10-4	Bur-Olic HC Burette Buterphanol CRi Butterfly 21ga C.E.T. Cat Oral Hygiene Kit C.E.T. Chews Canine Medium C.E.T. Chews Canine Medium J.C.E.T. Chews Canine Medium	€	10.00 22.00
	in watercated rates. th-boarding	\$ 24.00	: KQ-19 : 2604	Durons	Q.	23.00
		\$ 35,00	4618	Ridiadu Stas	ď.	2.00
2013 Bat	Ih-Cosmetic Ih-Cormazole shampeo Ih-lyme aulfer	\$ 35,000 \$ 60,000 \$ 45,000	3338	C.E.T. Cal Oral Hansena Kit	ġ	10.00
2012 Bar	th-lyme suiter	\$ 45.00	3337	C.E.T. Chews Canine targe 30ct	\$	19.00
2291 88	yldi 22.7mg	\$ 15.00	3334	C.E.T. Chaws Canine Medium	\$	15.00
3101 Sa	ytdl Injectable	\$ 35.00	3340	C.E.T. Chews CATS 30cl	\$	18.00
282 Ba	ytni injectable/mi + liq.	\$ 3.00	3333	C.E.T. Chews Polite 24ea	\$	9.00
0.90 00;	lac And			C.E.T. Chows XLG 30 ct	\$	30.00
	ak and neil ellp	\$ 22.00		3 C.E.T. lingerbash	\$	5.00
	ak and wing clap	\$ 25.00	3806	G.E.T. Oral Rinse	9 81	16.00
275 Be	ax Cip	\$ 20.00	3333	C.E. (. 100morus)	3	5.00
	ak Clip havior consult and exam ne-Bac narryl Peroxide 3% (BPO- Stamboo 1862	\$ 75.00	/ 3535 1 202	r C.E.T. Foothbrush J. C.E.T. Toothbrush J. C.E.T. Toothpasto (C.E.T. Dental Care Kil F Calcium	\$ 5	11.00
2406 Bei 3577 Bei	ne-trac nzoyl Peroxide 3% (BPO-	\$ 13.00 \$ 15.00	. 3035 . 465	Celcium	3. S	14.00 45.00
	shempoo 16oz	y 13.1A		Calcium-lonized	\$	92.00
	tadina schullon	\$ 9.00		Galclian-lonized & PTH(\$18595)		184.00
427 Bin	e Acida	\$ 81.00		Cenine boarding <25#	\$	23.00
	e Acida pre+post	\$ 123.00		Canine boarding >90#	š	38.00

DEF. PRICE includes Pkg Fee, No Price, and Round Off Page 2
* a Price of Item when used as burdle

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PRODUCT PRODUCT	DEF. PRICE	PRODUCT	PRODUCT	DEF.	PRICE
D DESCRIPTION	(Qty = 1)	10	DESCRIPTION	(Qty	= 1)
1902 Canhe boarding 26-60#	\$ 28,CO		Canine rid dry 27.5#	3	71.00
1903 Canine boarding 61-90#	\$ 32,00		Canine r/d dry 8.57	\$	27,00
1908 Canke boarding a med <25#	\$ 27.00	3964	Canine Ve dry 25#	3	72.00
1911 Cante boarding a med >90#	\$ 42.00 \$ 33.00	3962	Canine Vd dry 5#	5	20,00
1909 Canite boarding c med 26-60#	\$ 33.00	3985	Canine Treats 1 lb seuch	\$	6.00
1910 Canine boarding a med 61-909	\$ 37.00 \$ 22.00	3922	Canina uid 12 can case	3	33.00
1923 Carring Boarding-Day Boarding	\$ 22,00	3981	Cenine uld dry 27.5#	\$	84.00
3948 Canine old 12 can case	\$ 35,00	3923	Canine u/d dry 8.5#	3	\$2.00
3950 Canina b/d dry 17.6#	\$ 36.00 \$ 52.00 \$ 78.00 \$ 30.00 \$ 40.00	3924	Conine wid 12 pk	\$	30.00
3951 Canina old dry 27.6#	\$ 78.00		Canine wid dry 17.5%	\$	50.00
3949 Canles c/d dry 8.5#	\$ 30.00		Cenine w/d dry 27.5¥	\$	73.00
3983 Canino C/D STEW 5.5 oz 24 cans	\$ 40.00		Canina wid dry 8,6#	\$	27.00
3960 Canina C/D STEW case 12qty	\$ 40.00		Cenine W/D STEW 24 x 5.5 oz	\$	40.00
3901 Canine d/d can case 12pk	\$ 38.00	4085	Canina W/D Stew large can 12,502	\$	36.00
3903 Canine did dry 17,6#	\$ 75.00 \$ 37.00 \$ 35.00 \$ 47.00 \$ 42.00 \$ 24.00 \$ 32.00 \$ 31.00 \$ 31.00		CRSG 12		
3902 Canine did dry 8#	\$ 37.00		Canina Z/D 12 can case	\$	45,00
1919 Canine diabetic bd <26#	\$ 35.00		Canine Z/D individual can	\$ \$	4.00
1913 Canine diabetic bd > 90#	\$ 47.00		Conino z/d low allergen 25#	ş	88,00
1920 Canine diabetic bd 25-60a	\$ 38.00	3999	Cautine 2/d low allergen 8#	ş	36,00
1912 Canina diabetic bd 81-904	\$ 42.00		Canine z/d ultra 17.68	ş	70.00
4184 Cánlas Elimin-odor	\$ 24.00		Conine zki ulira 0#	*	36,00
3977 Canina g/d 12 can casa	\$ 32.00		Cantro ZID Ultra diergen-free 25#	\$	88.00
3905 Canine pid dry #8.5	\$ 31.00		Cartaciteline aid canned ea	\$	2.00
3906 Canine lyd can	\$ 31.00	3800	Cardnelfeline eld case 24 cans	\$	54.00
3908 Canine h/d dry 17.6# 3961 Canine Hypoatergenic Treats	\$ 60,000 \$ 10,000 \$ 91,000 \$ 32,000	\$25Q	Capatar 2-26 Package	\$	42.00
ago i Maulus Liabbaracidadio itagus	\$ 10.00	3243	Capstar 2-25 single dose	>	7.00
3939 Canine VD 36#	\$ 91.00 \$ 32.00	2£01	Capstar over 25# package Capstar over 25# single dose Capstar over 25# single dose	è	43.00
3909 Canina M case 12pk 3911 Canina M dry 17,68	\$ 59.00	\$475 \$475	Capsule-emply gelatin	÷	8.00
	\$ 34.00	1 1916 I	Continue and Beauti	ě	2.00
3810 Cenine III dry 8.5# 4156 Cenine IID LOW FAT metore 8.8#	\$ 34.00	, सम्ब	Coolings whiteway	è	95,00 140,00
4140 Canine l'd Lowfat GI Restore case	\$ 33.00	かくちつ	Capsule-empty gelatin Cardiopet-routine axam Cardiopet-stat exam Cardioxin .15mg/mit(red) Cardoxin L/S .05mg/mit (gm) Casting - fiberglass Casting - Mason mateeptint Casting - Plaster Casting - Plaster Casting - Plaster	*******	18.00
126 Canina Influenza Vaccine		2353	Cardovin I is Osmaled Incol	÷	18.00
394 Carling Influenza Titer Cornell	\$ 45.00 \$ 80.00 \$ 30,00	MO7	Castina - liberdaes	\$ \$	325,00
	\$ 30,00	eos	Cashing - Mason malasolini	Š	200.00
4111 Canina MD 8.66 3967 Canina MD case 3907 Canina MD case 3912 Canina MD dry 27.56 3912 Canina MD 12 can case 3914 Canina MD dry 17.69 3915 Canina MD dry 17.69 3913 Canina MD dry 8.60 3913 Canina MD stee 5.5 cz. 24 cann 3904 Canina MD 12 Can Case 4079 Canina MD 17.68 1671 Canina MD dry 17.68	\$ 31.00	809	Casting - rilasier	5 5 5	300.00
3907 Canice J/O dry 27.5#	\$ 82.00	811	Casting - Thomas solini	š	300.00
3912 Canina Vd 12 can case	\$ 33.00		Castration, See Below	Š	0.00
3914 Canise k/d dry 17.5#	\$ 57.00		Calheter cap	\$	4.00
3915 Canine k/d dry 35#	\$ 90.00		Cethotor placoment-IV	\$	50.00
3913 Canina k/d dry 5.5#	\$ 33.00			\$	60.00
3954 Canina K/D steel 5.5 oz. 24 cana	\$ 38.00	431	CBC (complete bload count)	S	60.00
3904 Canina L/D 12 Can Casa	\$ 35.00	418	Cats nospitalization CBC (complete bload count) CBC, Minichem (Amech #1242) CBC, SMA Frofile	\$	68.00
4079 Canina list dry 17.64	\$ 68.00	421	CBC, SMA Profile	\$	121.00
4079 Canine No dry 17.68 3671 Canine Metabolic # 17.6 3673 Canine Metabolic 27.58 3670 Canine Metabolic 6 # 3672 Canine Metabolic case 12can 3999 Canine n/d 12 can case	\$ 66.00	418	CBC, SMA Profile CBC, SMA, UA Cele Tebs 60mg	\$ 5	143,00
3573 Canine Matabolic 27.59	\$ 78.00	1 2224	Cele Taba 50mg	\$	15.60
3870 Canhe Metabolic 6 #	\$ 22.00	2225	Cefa Taba 100mg	\$	15.00
3672 Canine Melabolic case 12can	\$ 35.00		Cofa Taba 200mg	\$	15.00
3999 Canne Md 12 can case	\$ 40.00		Cefadrops 50 mi	\$ \$ \$ \$	62.00
1335 Count Liescubest Honorana Pau	\$ 3.U.	2/03	Cofolixin Bodle	2	30.00
3938 Canho Punna NF dry 188	\$ 57.00	300	Coniesis - seconing	5	150.00
3956 Canine Purina DCO 328 dry	\$ 65.00 \$ 32.00	: £00	cenoss - araro (part)	2	65.00
3955 Canine Purine EN canned case	\$ 32.00 \$ 23.00	. 20% \ 950	Cantaga - Descuaredus	\$ \$	30.00
3996 Canine Purine En formula 60 dry 4996 Canine Purine Gentle Snackers	\$ 23.00 \$ 8.00		Central Ven Press, measurement	÷	155.00
3886 Carina Puritia HA dry 16.5#	\$ 87.00	, (91%) } 344#	i Cofolixin Bettle ; Centesis - abdominal ; Centesis - arthro (bent) ; Centesis - perculareacus ; Centesis - thoracis (chest) ; Central Van Press, measurement	a L	65.90 10.00
3887 Curing Purina HA dry 32#	\$ 103.00	2277	Cephalexin CAPSULES 250mg	\$	15 00
3937 Caréne Purine NF Gase 12 13.3	\$ 32,00		Cephalezin 500mg	\$	15.00
OX.CAGS	* Mai(20)		Caphalexin oral sespension 250/5ml	\$	32.00
4996 Cening Puring OM 18#	\$ 48.00		M.	•	***************************************
4995 Canino Pusina OM caso	\$ 30.00		CERENIA -16MQ 4 tablet pkg	S	17.00
3984 Canine Purina OM dry 6#	\$ 19,00		Cerenia 160 mg 4 tablet/pk	Š	43.00
3917 Canine dd 12 can case	\$ 30.00) 2243	Cerenia 24 mg 4 lablet/pk	3	18,00
3919 Canine old day 17.6#	\$ 49.00	224	l Cerenia 60 mg 4 lableUpk	5	33.00

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

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	UCT	PRODUCT	DEF	PRICE	PRODUCT			F. PRICE
IQ	جيي	DESCRIPTION	— (GD)	(# <u>1)</u>	ID 234	DESCRIPTION Cremation, Processing Fee	<u>(a</u> t)	(#1)
		Cerumite	- 5	12.00	234	Cremation, Processing Fee Cruciate Ligement Repair Cryptococcus liter Cryptorchid (cet) Cryptorchid (dog)	\$	45.00
	1101	Casedan Section	\$	600.00	291	Chicate Ligement Kapair	\$	700.00
	971	Chalazion Chioramphen Opht 1% 3.5mg Chioramphen Opht 1% 3.5mg Chioramphen Opht 9oln 0.5% Chloramphenicol Tabs 50mg Chioramphenicol Tabs 50mg Chioramphenicol Tabs 1 gm Chioramphenicol Tabs 100mg Chioramphenicol Tabs 250mg Chioramphenicol Tabs 800mg Chioramphenicol Tabs 800mg Chioramphenicol Tabs 800mg Chiorhexiderm Otic 5om 4oz Chiorhexidine Shampoo 4% Chiorbeniramine Tabs 4mg Cholesterol	\$	160.00	505	Cryptococcus liter	5	122.00
	2807	Chloramphen Opnt 1% 3.5mg	3	13.00	1745	Cryptorchid (call)	\$	350.00
	2808	Chioremphen Opht Soin 0.5%	3	16.00	1344	Cryptorchid (dog)	\$	450.00
	3094	Chipremphenical Opn. Cliniment	5	8.00	201	GOT 18D	26	300.00
	22.31	Chipramphenscol Tabs 50mg	3	16.00	388	Culture & Sens Combo Aerobic &	\$	196.00
	2235	Unioramphenico: Lebs T gm	\$	16.00	-46	Anaerobio	4	40 65
	2234	Unionamphenical labs Turing	\$	15.00	402	Culture & Sans, -Aerobic Culture & Sens, -bacterial (Urine) Culture-anserobic	\$	88.00
	2233	Chioramphanicol Taba 250mg	Ş	15.00	403	Culture & SensDecleriel (Urine)	5	88.00
	22.34	Chioreabheoicoi Laba cciumg	3	12,00				116.00
	2591	Chlorisexiderin Calc Som 402	5	12.00	459	Culture-Blood	\$	132.00
	3344	Chlorifexiding Shampoo 4%	\$ \$ \$ \$ \$ \$	15.00	4/8	Culture-fecal Sal Camp, Shig Ye Culture-fungus swab (ANTECH)	\$	122.00
	2401	Chlorphenaamine labs and	3	15.00	4/0	Culture-lungus swatt (ANTECH)	\$	68.00
	391	Chalesterol	Ş	40.00	464	Culture-Ringworm DTM	\$	105.00
	409	Cholinesterase Ciprofoxacin Ophthamic Dropa	\$	106.00	458	Cutute-Salmonella/Campyl.	\$ \$ \$	132,00
	3507	Ciprofloxacin Ophthamic Dropa	\$	29.00	13	Cushings Disease Training	\$	45.00
	3791	Casaprace smg	\$	15.00	3317	Cyclosporin of 2%	\$	44.00
	2240	Clavamox Drops Clavamox Tebs 62.5mg Clavamox Tebs 125mg Clavamox Tebs 250mg	\$	29,00	2558	Culture-fungus swab (ANTECH) Culture-Ringworm DTM Culture-Salmonalla/Campyl. Cushings Disease Treining Cyclosperin of 2% Cyprotoptadine 4mg. Cyprotoptadine 4mg. Cyprotoptadine Syrup/ounce Cystotomy - Cat Cystotomy - Dog	\$	15.00
	2236	Clavariox Taba 62.5mg	\$	15,00	2566	Cyproheptadine Syrup/ounce	\$	12.00
	2237	Clavemox Tabs 125mg	\$	15,00	1159	Cysiotomy - Cat	\$	805,00
	2239	Clavamox Tabs 250mg	\$	15.00	1160	Cystotomy - Dog	\$	660.00
	2239	Clavamox Tabs 375mg	\$	14.00	1163	Cystotoriny/urethrotomy	\$	900.00
	2578	Clincere Liquid case 12	\$	55.00	531	Cytology (in house)	\$	38,00
	2222	Clindamycin 150mg	\$	15.00	502	Cytology and aspirate	5	61.00
	2229	Clindamycin 76mg	\$	12,00	577	Cytology-ear	\$	35.00
	2223	Clavamox Tabs 375mg Clincare Liquid case 12 Clindamycin 150mg Clindamycin 150mg Clindamycin 75mg Clindamycin Drops 25mg/per mi Clinicare Liquid Can Clinicare powdar	\$	12.00	433	Cystotomy - Cat Cystotomy - Dog Cystotomy - Dog Cystotomy/urethrotomy Cytology (in house) Cytology-sar sapirate Cytology-sar Cytology-sar DA2PCPV Puppy 30 day DA2PCPV Puppy Final Tyear DA2PCPV Tri- Acquaid Vaccination DAP Collar Med-Lg. DAP Collar Small	\$	90,00
	2579	Clinicare Liquid Can	5	8,00	122	DA2PCPV Puppy 30 day	ŝ	85,00
	3577	Clinicare nowder	Š	8.00	124	DA2PCPV Princy Final tyear	Š	85.00
	2087	Clordosha 20 me holde 30 ct	Š	60.60	120	DA2PCPV Trk Annual Vaccination	Š	33,00
	2868	Clomicate See hottle 30 ct	Š	44,00	4329	DAP Collected La	Š	48.00
	2869	Clinicare powder Clinicare powder Clomicath 20 mg bottle 30 ct Clomicath 5mg bottle 30 ct Clomicath 80mg bottle 30 ct Clomicath 80mg bottle 30ct Clomicath 80mg bottle 30ct Clomicath 80mg bottle 30ct Clomicath 80mg bottle 30ct Coller 10" and 12" Coller 10" and 12" Coller 15 through 30" Coller 15 through 30" Convenia Injection 0-16 # Convenia Injection 30.1-40# Convenia Injection 30.1-40# Convenia Injection 30.1-60# Convenia Injection 70.1-80# Convenia Injection 70.1-80# Convenia Injection 70.1-80# Convenia Injection 80.1-90# Convenia Injection 90.1-100#	š	76.00	432A	DA2PCPV Th-Annual Vaccination DAP Cellar Med-Lg. DAP Cellar Med-Lg. DAP Cellar Small Dasuquin for Cats 84ci Dasuquin LG. Dog 150 ct. Dasuquin LG. Dog 150 ct. Dasuquin Sm-Med Dog 150ct Day Patient Care Decknous teeth-extract 1 Decknous teeth-extract 2 Decknous teeth-extract 3 Decknous teeth-extract 3 Decknous teeth-extract 4	\$	42.00
	432	Cinatridism enternlovin	š	132,00	3106	Designin for Cate Baci	Š	32.00
	4125	Coller 10* and 12"	Š	6,00	3108	Desirain I.G. Doo 150 ct.	ŝ	94.00
	4326	Coller 15" through 30"	· •	10.00	3107	Designin Sou-Mari Deer 150ct	\$	82,00
	204	Colonia Flush inc. Cytology	Š	120.00	1621	Day Peliant Cara	<u>\$</u>	45.00
	477	Chaineelinet Flan	š	300.00	1807	Darksmin tooth avtract t	\$	55.00
	275	Communica Induction N. 18 #	ě	65.00	1901	Disablem to Eastle astront 7	Ş	80.00
	238	Annuania injection 15 1.40#	š	78.00	1800	Dantoman fants arteret 7	\$	105.00
	237	Comments Interview 10 1.40ff	*	88,00	1810	Physiological Analysis and the second of	\$	120.00
	PAP.	Commis Information 46 4.204	¥.	98.00	000	Partner Cat front	\$	325.00
	340	Contralia Information Att 4 Andi	œ.	108.00	516	Pandow Colleg Falls with alber	\$	600.00
	2.40	Committee Injection Do. 1* Con	4	120.00	97 L	Contes Selles A	3	475.00
	4.44	Casimala Interview 10 4 65st	ar ar	130.00	0:00 905	Declaw Falins(2) Declaw over 2 years old Declaw/Alter cat Degenerative Meylopathy- U of	4	325.00
	ራሚ (Cantale Injuries \$0.1 - 00s	*	140.00	Q40 046	Produce cont () some old	ý.	450.00
	ልምል የላላሳ	Constants Injurior DO 4 4004	4		9 (q	Cecian dags 7 Anns 20	*	
	490	Crawfing foliaction and talenda	\$	150.00	201	Carciawayans car	ŵ #	400.00
	0.20	Codings test	₩.	106.00	201	Coldenna Managed And Co.	3.	120,00
	000	Cortisol level	\$ \$ \$	56.00	***	(Vers. 8-C/III.)		100.66
	4/1	Conscirciosi (800 (361)	*	122.00	2241	Delehi in January Denaznaria 225mg Denamaria 425mg Denamaria 90mg Denasyi 425mg 30ct	\$ \$	125,00
	023	Contragn (per u. turns)	- ♣	58,00	-3311	neusueus staud	₽	52.00
	2100	Gosequin DS#132	*	72.00	3013	Denamaren 420mg	Ş.	89.00
	3104	Cosedon for Cars	3	27.00	3000	nsvewere and	ě	35.00
	511)2	Cosequin- small animals	2	58,00			4 4 5 6 %	80.00
	240	UPR BB1000GY FU14	\$	43.00	3503	Denosyl SD4 225mg	Ş	46.00
	277	CHR-cargiopulmonary results.	ş	275,00	3504	Denosyl SD4 90mg	Ş	34.00
	3730	Cranwate 60 quanty	2	30.00		Dental Cleaning	\$	75.00
	410	Creatinine	\$	50.00		Qental Cleaning-	5	05.65
	217	Gremation > 125lbs	\$	170,00		Dental Cleaning-	\$	105.CO
	212	Cromation 1-24 lbs	\$	80.00		Dental Cleaning	3	120,00
	216	Cremation 100-124	\$	150.00		Dental X-ray (>5)	\$	105.GO
	213	Cramation 25 to 49 lbs	\$	85.00		Dontal X-ray (1)	\$	56.00
	24 6	Cromation RA to 74 lbs	*	95.00	608	Denial X-ray (2)	3	65,CQ
	£ 14	Andrewassis and his talent	-				-	a 4 7 5 75
	215	Cortisol tevel Cortisol/creat relio (361) Cortrosyn (per 0, 10m) Cosequin 10#132 Cosequin 10#132 Cosequin for Cats Cosequin-small animals CPK-cardiopy #014 CPR-cardiopulmonary resusc. CranMate 50 quantly Cresslinine Cremation > 125lbs Cremation 10#124 Cramation 10#124 Cramation 10#124 Cramation 25 to 49 lbs Cremation 25 to 49 lbs Cremation 75 to 98 pounds Cremation 50 bo 74 lbs Cremation 50 bo 74 lbs Cremation 50 bo 89 pounds Cremation Services, See Below	Š	120.00	607	Dental X-ray (3-5) Deramexx 100 mg	3	85.00 F6.00

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

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PRODUCT	PRODUCT	DEF.	PRICE	PRODUCT	PRODUCT	DEF.	PRICE
ID	No determine the state of the s	. دخما		ID GI	DESCRIPTION	Qty	
	DESCRIPTION Deramaxx 25mg	\$	5.0		Ear Rush + 2 pars	5	285.00
	Deramaxx 75mg	š	18.60		Ear Rush - one ear	š	275.00
276A	Dami rone	Š	18.00		Ear Mite Swab	\$	30.00
3757	Denn Capa ES #60	\$	20.60			Ş	625.00
3470	DermaBanSa shampoo 12oz	Ś	19.0	1081	Ear Resection (bileteral) Ear Resection (unitalizat) EasOtic 10 Mi	3	800.00
	Dermachlor HC 8 oz.	\$	25.02	2821	EasOfe 10 M	\$	36.00
3574	Dermallay Shampon 120z	\$	16.00	700	ECG Monitoring Service	\$	75.00
3564	Dermaliay Spray 12oz	3	20.00	523	Echocardiogram	\$	360.00
3565	DermaLyte Shampoo 12 oz	\$	14.00	628	Echocardiogram- Or Reid	\$	375.00
3738	Dermoscent Spot-on 4 pipettes Cat	Ş	28.14	3701	EcloKyl 3X Shempoo	\$	13.00
3735	Dermoscent Spot-on 4 pipetter 0-22 #	\$	28.10	437	Ehlichla can's liter	\$	122.00
	Dog			256	EKG-stectrocerdiogram Electronic anesthesis monitor+	\$	70.00
3736	Dermoscent Spot-on 4 pipettes 22-45#	\$	30.00	711	Electronic anesthosis monitor+	\$	52.00
	Dog			2296	Enalapril 10mg	\$	15.00
3737	Darmoscent Spot-on 4 pipeties 45-90#	\$	32.00		Enalapril 2.5 mg	\$	15,00
	Dog	_			Enalapril 20mg	\$	15.00
	Descent-Ferrel	\$	200.03		Enalapril 5 mg	\$	15,00
	Dawclaw Removal (puppy)	\$	150.00		Endoscopic Exam/Services	\$	100,00
	Devectow(s) & Tall(s)/Puppy	\$	35.00		Endoscopy & Uliveround-Mob.vu	\$	600.00
	Deworming - Inject. < 15 lbs	\$	32.00		Endoscopy-specialistic or low	\$	800.00
	Deverming - Inject. > 60 fbs	\$	48.00		Endoscopy-upper and lower	\$	1,400.00
	Deworming - Inject, 16-30 jbs	\$	35.60		Enema - deobstipate	\$	185.00
	Dewarming - inject, 31-60 lbs	\$	40.00		Enema Administration	\$	65.00
2105	Devoming - cral	\$	20.00		Enlayl-F 100ml Pump	\$ \$ \$	33.00
2106	Deworning - craf (pup/kit)	\$	8.00		Enroflexacin 68 mg tablets	2	15.00
	Deworming-oral(w/Office Visit)	\$	14.00		Enrolloxacin 5	Þ	15.00
	Dexamethasone ophthalmic drops	\$	24.00		Enterolomy-remove foreign body	\$	00.008
	Dexemelhosone Suppression lost	\$	162,00		Enucleation	\$	00,008
	Dexamethasone tabs 0.5mg	\$	15.00		Eosinophil Count	\$	30.00
	Dexamethisone Injectable 100ml	\$	15.00	CECL	Erythromycln Ophthalmic Oint.	\$	38.00
	Diebeto Boarding-daily (ee Diephragmatic kernie repair	\$ \$	900,00	250 250	Esophagostomy tube	\$	175.00
		\$ \$	15.00		Elogesic 150mg	\$	15.00
	Dibenzašne Smg capsules Dibenzyline 2.6mg	\$	15.60		Etogosic 300 mg Etomadala vial	3 \$	16,00 39,00
	Dictorence Solution 2.5ml	ė	21.00	919A	Euk Cenine Mobility Plus #5	\$	15.00
	Diethylstilbesterol Taba 1 mg	\$	15.00	7 144 2 1 1 A	Euk Carina Oplimani/Veight Control	\$	38.00
	Digoxin Assay	\$	55.00	4110	15#	ų.	4000
	Digoxin labada	Š	15.00	41.50	Eux Feline 14# Low Residue intestinal	\$	61.00
	Olliazem kransdermaVsyringe	\$	7.00	-21-24	* The family for the first feetings are a second as	48	Q (.QQ
	Distemper (IgG,IgM) Antech T556	ŝ	113.00	4044	Euk Feline Optimum Weight Control 5#	Æ.	26,00
555	Distemper/Parvo Mar T565	5	106.00		Euk K-9 Optimum Weight Control 30#	Š	73.00
	DMSO	Š	15,00	4047	Euk K-9 Optimum Weight Control 5.5#		15.00
	Docking Tell(s) (only)	š	30.00		Eck Kidney-Renal Plus 15.5#	\$	45.00
	Dogs < 21 lbs Hospitalization	3	62.00		Eukanuba 14 cz individual cans	3	3.00
	Dogs > 51 fter Hospita6zation	3	70.00		Eukanuba FEL 6oz individ cans	\$	2.00
	Dags 21-50 lbs Hospitalization	\$	65.00		Eukanuba FEL Renal Plus 5.5#	16	29.00
	Domedoros solution	\$	4.00		Eukanuba FEL Renal Plus cs 12	\$	24.00
	Douxe Shampoo 6.8 cz	\$	23.00	4056	Eukanuba FEL Skin & Coat Plus LB	\$	29.00
2702	Doxesin 10mg	\$	\$5.00		cs12		
2703	Doxepin 25rng	\$	\$6.00		Eukanuba FELINE Urinary-s+ c+12	\$	21.00
	Doxepin 50 mg	\$	15.00		Eukanuba FELINE Intestinal + 5.54	\$	30.00
	Doxepla 75mg	4	15.00		Eukanuba FELINE lintestinal +case 12	\$	24.00
	Dexirobe specation	\$	105.00		Eukanuba FELINE low pH/s cacan	\$	2:00
	DOXYCYCLINE 100 mg	\$	15.00	4029	Eukamuba FELINE mod pH/O 5.5#	\$	25.00
	Crontal Plus Large > 45#	ž	29.30		Eukanuba PELINE mod pHIO cs 12	\$	23.00
	Drontal Plus Medium 26-60#	\$	18.40		Eukaruba FELINE mod pH/O ea on	\$	2.00
	Dronkei Plus Small 2-25#	\$	15,00		Eukanuba FELINE restrical 18#	S	\$3.CO
	Duragesic Pain Medication 100ug	\$	80.60		i Eukanuba FELINE restr cal 4.5#	S	20.00
በህውይ የላው የ	Duragesic pain medication 25ug	\$ \$	45.60 es ec		Eukanuba FELINE restr cal cs12	\$ 5	22.60
	Duragosic pain modication 50ug	÷	65.60 75.60		Eukanuba FELINE udnary-a + kw	9	63.00
	Duragesic pain medication 75vg Durakyl Dip 4ex	÷	12,00		· plVs 20# Evkanuca FELINE udnary-s + pH/s	S	26.00
	Ear Cleaning & Nats	\$ \$	25.00		2.5#	號	a Quant
	Ear cytology style	Š	35.60		1 Eukanutra Intestinal e 30N	5	75.00
"FRS	THE ANDROGE CANE	¥	Series.	~V ; t	s man and a second second second and a second second	*	* 47.0%

DEF PRICE includes Pkg Fee, Min Price, and Round Off

• Price of fem when used as bundle

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PRODUCT	PRODUCT	OEF.	PRICE	PRODUCT	PRODUCT	OEF	. PRICE
Ю	DESCRIPTION	(Qty	# 4)	ID	DESCRIPTION	(Oty	w 1)
4051	Eukanuba Intestinal + case -12	\$	30.00		Feline boarding with med.	\$	22.00
4009	Eukanuba intestinal +15#	3	46,00	1922	Feine Boarding - Day Boarding	\$	15.00
	Eukemuba intestinal +5#	\$	18.00	3934	Feline c/d cen 5.5 oz	\$	44.00
	Eukanuba Intestinal +Puppy 8#	\$	27,00		Feline c/d dry 17.6#	\$	64.GÔ
	Eukanuba Maximum Calorie Cesa 12	\$	27.00		Feline old dry 4#	\$	20.00
4007	Eukanuba msp & max cal.form led.	\$	3.00		Feine c/d dry 8.58	\$	39,00
	CEAS	_			Feine C/O stew 2,9 0z 24 cens	\$	34,00
	Eukanuba response FP (5#	\$	\$3.00		Febru d/d 3.54	\$	27.00
	Eukanoba response FP 30# Eukanoba response FP 6#	\$ \$	93,00 23,00		Feling d/d 8.54	\$	57,00
	Eukanuba response FP case 12	\$	36,00		Feline d/d cans 5.5cz. 24 case Feline dishelic boarding	\$	62,00
	Eukanuba Response KO 15#	÷.	53.00		Feline DM case 5.5 cans	ŧ	35,00 46,00
	Eukanuba nesponso KO 306	69 69	93.00		Feline DM Dry 10#	\$	50.00
	Eukanuba response KO 6#	Š	23.00		Foline DM dry 64	\$	37.00
	Eukanuba rest-cal Rewards 24oz	\$	7,00		Feline Elimin-odor	Ś	8,00
4053	Eukamuba restricted cal case 12	\$	34.00		Feline g/d 4# dry	\$	24.00
	Eukanuba restricted cell. 14#	8	36,00	4000	Feline g/d 5.5 ounce case	\$	46.00
	Eukamiba restricted cal. 250	5	66,00	3090	Feline Hills 3oz. Individual can	\$	2.0G
	Eukanuba restricted cal. 5#	50 th up up	15.00	4070	Felina Hypostergenic Treats	\$	4.00
	Eukamaba Serice Plus Joint 308	ş	84,00	3997	Pelina Vd 8.6 #	\$	38.00
	Eukanuba Serior Plus/ Joint 154	Ş	44.00		Feline Vd can 5.5 oz 24/case	\$	42.00
	Euthanasia 10 lbs or loss	ġ	90.00	3973	Felina ld dry 4#	\$	20.00
	Euthenesia 15 to 30 tos Euthenesia 30 to 60 tos	\$ 8	95,00	3982	Feline I/O Slew 2.9 oz 24 cans Feline I/O slew 3oz cese	3	32.00
	Euthenssia 60 lbs & over	3	100,00		Feline V/O 2.9 ox 24 cans	\$ \$	32.00
	Euthenesia Lab animal/bird	5	50.00		Feline k/d can 6.6 oz 24 case	\$	33.00 45.00
	Euthanasia Services, See Below	3	0.00		Feling tot dry 4#	\$	24.00
	Extension Sut	Š	4.00		Feline k/d dry 8.5#	8	43.00
	Extraction(s)	8	35.00		Feline k/d slew 3 oz case	Š	33.00
	EXTRACTIONS ARE ADDITIONAL	8	0.00		Feline Vd can 5.5 oz 24/case	3	45.00
	Eye - teer test (Schirmer)	5	25.60		Feline its dry 4#	\$	24.00
	Eye - tonometry	Š	35.00	E97	Entire Landonnia (Client	\$	57.00
	Eye-comeal staining fluoresce	\$	25,00	534	Foline Leukemia (FA) Test	\$	101.00
	Eye-diamond burn keratolomy	\$	200.00	40.00	LANCE MARE AN INTA	\$	24.00
984	Eye-replace gland of nicitions	3	400.00		Feline MID 5.5 oz. 24 cans/case	\$	42.00
	Eye-Schirn/corneal fluor.stain	\$	40.00		Feline MVD dry 8.5#	\$	45.00
	Eyelid Surgeryimejor Eyelid Surgeryimejor x 2	5 5	500.00 425.00		Feline Metabolic 4# Feline Metabolic 8.5#	\$ \$	23.00
	Eyelid Tunor Removal	\$	400.00		Feling OM Case	3	41.00 41.00
	Eyewash	\$	8.00		Feline Purina EN 6,5 oz case 24	Ş	45.00
	Famciclovic Tablet 250 mg	Š	15.00		Fesno Purina HA 4#	\$	27,00
	Fanconi Urine Test	\$	139.00		Feline Purine NF 5.5 cens #24	\$	45.00
561	FAVN Rebies Antibody Titer KSU wio	\$	200.00		Feliae Purine NF Dry 6#	2.	30.00
	w.p				Feline Purine OM 18#	\$	59.00
3768	Favor Felima Vitamin 60ct	3	16.00		Feline Purina OM dry 6#	\$	25.00
	Fecal eigha 1 processe inhibitor	\$	145.00		Foline Purina UR dry 16#	\$	80.00
	Facal antech laboratory T805	\$	43.00		Feine Pudna UR dry 5#	\$	29.00
	Fecal Baerman	\$	122,00		Felino Purina UR ST/Ox case 5.5 cans		45.00
	Facal Direct Facal Examination	\$ \$	38.00 38.00		Feine rid 17.6# Dry	\$	54.00
	Facal Float Neg	\$ \$	0.00		Feline i/d canned 5.5 cunces 24/case : Feline i/d dry 4#	\$	41.00 20.00
	Facal Pathogon (Antech cande \$4350)		212.00		Petne rid dry 8.5#	\$	36.00
487	Fecal-float and glantia elisa (test 405)	\$	52.00	4119	FeSne T/D 4#	\$	20.00
493	Fecal-Occult Blood	Š	71.00		Fedina T/O L/S#	\$	38.00
4075	Pel IVD Pres. Diet Cans 5.5oz	\$	2.50		Feline Tiki Cat 12can cese	\$	15.00
595	Fel Ser II(FIV,FeLV,FtP,Toxo)	\$	79.00		Feline Tiki Çai individual can	\$	1.75
	Felimazole 2.5mg	\$	12.00		Foline vild can 5.5 oz 24/case	B	41.00
	Fellmezole 2.5mg 100ct Bottle	3	25,00		Feline wid dry 17.6 #	\$	65.00
	Fellmazole 5 mg 100ct Bottle	ŝ	30.00		Feline wid dry 48	\$ \$	20.00
	Fellmazole 6rrg Felline 5.5 Individual can	\$	15,00	3845	Foline wid dry 8.5#	ð.	37.00
	Feline EN 6,6#	Š	3,00 32.00		Feline Y/D 4# Feline Y/D 8.5#	\$	26.00 50.00
	Foline Adult Care Program	\$ S S \$	151.00		Felino Y/D case	ŝ	54.00
	Feline boarding	\$	20.00		Faline 2/d 4#	8	27.00
	•				*	•	

DEF. PRICE Includes Pkg Pee, Min Price, and Round Off Page 6 * = Price of item when used as bundle

PRODUCT PRODUCT	DE	F. PRICE	PRODUCT	PRODUCT	DEF.	PRICE
ID DESCRIPTION	(Q	(y = 1) 54.00	D	DESCRIPTION Genda Landar Kil	Oty	
3936 Feline zid case 5.5cz. 24/case	* 5	64.00	2466	Gentle Leader Kit	3	35.00
4013 Feline zid dry 8.5#	Š	56.0C	2613	Gentacin (only) Oaht Sata	á	14.00
3502 Feliway	\$	36.00	2814	Gentocin Durafilm Ocht Soin	\$	9.00
3790 Felovite	\$	7.00	2815	Gentocin Durafilm Opht Soin Gentocin Opht Ointment	9	14.00
134 FeLV 1year	5	65.00	2619	Gentocin Otic 15 ml	Ē	15.00
133 FeLV 30say	ŝ	85.00		Gentodin Otic and DMSO	\$	18.00
132 FeLV Bi- Annual Vaccination	\$	35.60		Gentocin Otio Soln 7.5mt	\$	14.00
905 Femoral Head Oslectomy	3	800.00		GGT/Crestinine Ratio (code T930)	į	00.00
1918 Ferret Boarding	\$ 5	33.00		GI (barium) Saries, cat	\$	350.00
1626 Farret Hospitešzalion	3	60.00		Gl (barium) Series, dog	8	400.00
592 Fibrinogen and D-dimer	\$	110.00	484	Glardia Elisa	\$	53.00
2455 Filaribas 120 mg 100 lablets	S	15.00	412	Glucose (sugar)	\$	40.00
2456 Filaribas 180 mg	****	19.00	429	Glocost-serial exum (ANTECH)		118,00
2454 Filanbês 60 mg	\$	15.00		Glucosa-serial in house	\$ \$	15,00
575 FIP Elisa (78) proteins	Š	67.00	2490	Glucolest Purina Feline 1pkg	į.	9.00
584 FIP titer	3	66,00	2499	Glycoflex 250 tableta	\$	20,00
535 FIV Test	3	46,00		Glycoflex 500 tablets	\$	36.00
532 FIV-Western Blot Test	\$	200,00		Goodwinol Ointment for	Š	15.00
536 FW/FeLV Test	\$	65.00		Groom - therapeutic/major	\$	40.00
4182 Flee comb	5	12.00	2025	Gream - therementic/minor	å	20.00
624 Flow Cytometry- CSU + ship	š	220.00	2023	Groom-shave all hair our hour	ž.	70.00
503 Fluid amplysis & cytology	3	164.00	2027	Gracming by Professional	44	40,00
504 Fluid analysis and collection	\$	191.00	5	Groom-shave all hair per hour Grooming by Professional Health Cert/Exem International	\$	95.00
1604 Fluid Therap Addil Bottles	\$	21.00	3223	Heartgard 1-25#	\$	38.00
1808 Fluid therapy - burelle	5 5 5 S	25.00		Hearigard 26-50#	Ď.	47.00
230 Falid Therapy - SCimi (O.P.)	3	28.00			ŧ	58.00
1603 Faild Therapy IV First Boltie	\$	76.00	486	riestgard 51-100# Heartworn Exam (occus) Heartworn Microfilaria Knotts Test	\$	43.00
1605 Fluid Therapy-daily care	\$	54.00	485	Heartworm Microfilaria Knotts Test	Š	57.00
1617 Fulds to start on arrival at the Hosp.	\$	0.00	*****	T390	•	de vérie
1610 Fields-Irrigation 600 at bottl	\$	10.00	97	Heartworm Neg	8	0.00
3568 Forbid	5	5.00		Heartworm test - foline	3:	79.00
	\$	35.00	231	Heartworm Tx -injection-(not inclu.	8	80.00
3731 FortiFlora 906 Fracture RepairlM pluring 907 Fracture RepairlM apparetus 908 Fracture RepairlMandiouler 472 Free T4	ž	900,00		med)	•	50.55
907 Fracture Repair/KE apparatus	\$	900.00	574	Helicobacter test	\$	79,00
908 Frechire RenealMandhuler	35	425,00	1079	Hematoma-Aural	å	325.00
472 Free T4	\$	103,00		Hemobartonella	Š	47.00
456 Fresh Prozen Plasma i unit	\$	160,00	1021	Herela (displyragmatic)	E.	900.00
455 Fresh Frozen Plasma Administration	\$ \$	80.00	1022	THE FRIEND CONTRACTOR	\$	8G0.00
2410 Frontline Plus Cata	5	51.00	1023	Hornia (parianai) Hornia-Umbilicai - Cet	\$ \$	800.00
2408 Frontline Plus dog 23 to 44 #	\$	54.00	1031	Hernia-Umbilical - Cat	\$	350.00
2414 Frontline Plus dogs 45-38 #	\$	55.00	1030	Hemis-Umbilical - Occ	ŝ	350.00
2415 Fromiline Plus dogs 89-132 #	\$	56.00	1029	Hernie-Umbilical w/Aker	\$	200.00
2413 Frontline Plus dogs up to 22#	\$	63,00	1028	Hernia-Umbilical w/Spay	\$	160.00
411 Fructosamine test diebetics	3	88.00	4016	Hills FelinePrescription diet cans 5.5oz	1	2.00
593 FSP	\$	25.00	912	Hip Luxation Closed Reduction	\$	400.00
101 Fungas Culture - Negative	8	0.00	913	Hip Luxation Closed Reduction Hip Luxation Open Reduction Hip X-Ray	Š.	600.00
678 Fungal Histoplasmosis Ag-Urine	5 5	262.00	619	Hip X-Ray	\$	95.00
559 Fungai profile serology	Š	111,00	505	Histopathology (biopsy)	\$	113.00
129 FVRCP Kilten 30day	\$ \$	85.60		Histopethology (skin-biopsy)	\$	175.00
130 FVRGP Kitten Final tyear		85.00	499	Histopathology Lymphoma Profile VDX	\$	350.00
131 FVRCP Killen Vacc. #3 of 3	3	85.00	507	Histopalhology-Bioosy extra sections	\$	52.00
126 FVRCP Trl-Annual Versination	\$	33.00	508	Histopethology-Cornell University/Idexx	\$	165.00
909 FX Repaid/Mandibider Symphysis	\$	400.00	2355	Hydrocodone Syrup loz	\$	19.00
704 Gas anesthesia > 60 lbs	\$	125.00		Hydroxyurea 500mg Capsules	\$	15.00
702 Gas anosthesia < 25 Re	\$	110.00		Hydroxyzine 10 mg.	\$	16.00
703 Gas arresthavis 26-60 ths	3	116.00	2575	Hydroxyzine ICOmg	8	15.00
701 Gas assesthesic-Xrays	3	100.00	2580	Hydroxyzine 25 mg.	4	15.00
705 Gas Angsthesia/addithour	\$	80.00	2561	Hydroxyzine 50 mg.	\$.	15.00
851 Gastic Lavage	\$ \$	325.00	910	Hygroma Connection/Elbow	*******	400.00
832 Gaskic Torsion Complex	\$	1,200.00	3555	HyLyt Spray 8 cz	\$	15.00
833 Gestrolomy	\$	800.00		Hypenhyrold check (1135)	3	92.00
834 Gastrolomy Tube	\$	350.00		Hypolamune serum	35	150,00
2494 Genesis Spray	\$	31.00		I FSIat EC8 blood chemistry	3	72.00
4524 Gentamicin bij Syringe < fml	\$	8.00	3012	LV. Adapter cop	5	4.00

DEF, PRICE includes Pkg Fee, Min Price, and Round Off
** Price of Item when used as burdle

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PRODUCT	PRODUCT	DEI	. PRICE	PRODUCT	PRO	ODUCT	DEF,	PRICE
ID	DESCRIPTION	(Qt)	m ()	ID .	DE:	SCRIPTION	(Qty =	1)
3597	idoxuridine ophthalmic sol.	\$	32.00	4112	M	Canina Hypo PO case	\$	£2.00
	Idoxuridine Ophalmic Oint.	\$	40.00	4082	NO	Caning Hypo PR 17,6#	Ś.	75.00
457	Immunophenotypic Stateling VDX	\$	240.00			Canina Hypo PR 7.78	\$	36,00
	Diagnostic			4039	VO	Cenina Hypo PV 25#	\$	99.00
3306	incurin impristed 10 oty	\$	24.00	4134	NO		\$	40.00
	Injectable ancethesis - Čats	\$	80.00	3978	ND	Cynine Prescription can	Š	4.00
	Injectable anesthesia - Dogs	Ś	90.00	4060	١٧Ô	Canine Renal A 17,69 Dry	\$	60,00
	Injection #1	\$	32.00			Carimo Renal A 6# Dry	ŝ	26.00
	injection #2	<u>\$</u>	45.00			Canine Renal E Case	š	69.00
	injection #3	8	55.00	3945	NO.	Canine Renal MP 24can/case	3	68.00
	injection - Anzemet	\$	35.00	4118	ft TY		Š	59.00
	injection - CRI Pain Medication	\$	48.00	4131	M	Contro S/O MODERATE CAL	\$	34.00
	injection Amaka250mg/ml sin	\$	8.00	11.46	7.74		Ψ.	B.45* A.ft
	injection- BaytriVmI + inj	\$	3.00	4129		Canine S/O MODERATE case	\$	77:00
244	injection- hospital treatment	š	12.00			Canina S/O REGULAR 17.6#	\$	65.00
263	injection- pain madication	\$	24.00	ATOR	ĸ'n	Canine Sallety Support 17.6#	\$	54.00
	injection Adequary mil + inj fee	3	20.00			Canine Sallety Support 26.4#	5	72.00
	Injection-Amik50mg/ml +inj fee	\$	1.25	4127	i\n	Canine Sallety Support 7.7#	\$	27,00
	Injection-Avid FriendChip	\$	48.00	1917 1514	KIN	Caring College Colleges to the	\$	
	Injection-Cefatoxin bottle	\$	14.00			Canine Sallety Support case	3 3	70.00
	injection-Chloramphen/bottle	*				Canine UC Low Purne 18#	3	61.00
	injection-Doxycycline 100 mg visi	\$	18.00	4100	RING	Canine Ultimino 19,8#	\$	95.00
		\$	14,00	स १ वस		canina Urinary S/O REGULAR	\$	74.00
	Injection-Epogen	ě	48.00	***	C88			
	injection-Hetestarch	\$ \$	70.00			Carrine Weight Control case 24	\$	57.00
	Injection-hypertonic saline	*	40.00			Feline 2.5oz/3oz.can	\$	2.00
	Injection-Metronidezcielmi+inj	Ď.	12,00			Foline PD cose	\$	67,DO
	injection-Pepsidimi + inj. fee	\$ \$ \$ \$	6.00	4124	MD	Feline GI HE case	\$	46,00
	Injection-Ramady/ml	*	32.00	4125	M	Felina GI Fiber Response 8.8#	\$	42.00
	injection-Shock trestment	\$	36,00	4123	MD	Feline GI HE 8.8#	\$	46,00
	Injection-Simbadol	\$	45.00	4105	IVD	Felice HP 7.7#	\$	54.00
	injection-Soludelta contel 100	\$	32.00	4066	IVD	Feline Hypo Adult PV case	\$	67.00
	injection-Soludella codel 500	\$	45,00			Feline Hypo PR 8.8#	\$	62.00
	Injection-Solumedrol bottle	\$	48,60			Felina Hypo PV 8.8#	\$	62.00
	insulin-CRI	\$ \$	46.00			Faline Hypo PD 5.8#	\$	62.00
	insulin/Glucose ratio	\$	148.00	4098	fed:	Feline Hypo PR case	5	67,00
	intensive care	\$ \$	150.00	4117	NO	Feline MODERATE CAL S/O 3oz.	\$	37.00
	Intestinal Anasiomosis		\$50.CO	4133	IVD	Feline MODERATE CAL S/O 6.6#	\$	37.00
636	Intrasusception	5	850.CO	4071	IVO	Feline Prescription can 6oz	8	3.00
443	ron Profile	\$	80.CO	4997	IVD	Feline Renal A 3#	2	19,00
1515	IV calheter placement	5	85.00	4020	IVD	Feline Renal A 8.6# Dry	\$	34,00
1615	V calheler piscoment	\$	126.00	4024	ND	Feline Renat D 3.oz./24	S	36.00
4153	IVO Canine Ultimino 8.6#	\$	47.50			Feline Renal LP case 24 6oz. cans	Ś	51.00
4145	IVD Conine HP Small Breed 6.8#	5	42.00			Feline S/O 17,6 #	Ś	65.00
	IVO Caning Adult PO 17.68	\$	75,00			Feline 8/0 3.38	\$	20.00
	IVD Canine Early Cardiac 17,5#	\$	62.00			Feline 5/O 5.8oz case 24	\$	45.00
	IVO Canino Gastro Low Fat LF 28.54	\$	78.00			Feline Senior Consult 24/5.8oz	8	44.00
4069	IVO Canina Gastro Low Fat LF 8.68	\$	27.00		Cas		_	
	IVD Canine GI Low Fat LF 17.6#	ġ	68.00	4151		Feline Senior Consult 7.7#	3	40.00
	IVD Canine OI Low Fet LF 24can/case	\$	67.00			Glycoblance 17.6#	Š.	51.00
	IVO Canine Glycobalance 7.78	\$	27.00			Tivols	\$	9,00
	IVD Canine Olycobalanco case	\$	67.00			Weight Control 17.6#	Š	49.CO
	IVO Canine Hepatic 26,4#	\$	99.00			Weight Control 7.7%	\$	31,00
4113	IVO Canine Hapatle 7,7#	\$	38.00			meclin SGmi	1	50.00
4149	IVD Canine HP Case	3.	92.00	615	MP	XRay Urinary Tract, dog	\$	615.00
4107	IVO Centine HP Mod. Cel 24.2#	\$	98.00	614	IVP	XRay-Urinary Tracl, car	ġ	615.00
	IVO Canina HP Mod. Cal 7.7#	\$	37.00			ular Cathatar	44 44	45.00
	IVD Caning Hypo HP 17.5#	\$ \$	72.00			a Chior Shempoo	Š	20.00
4101	IVO Canina Hypo HP 7.7#	\$	35.00			ickout premise spray	Š	12.00
3968	IVD Canine Hypo PD 25#	\$	99,00	980	Lor	eration (comeal)	\$	400.00
3943	IVO Carrine Hypo PD7.7#	\$	36.00	1027	Lan	eralion (oxiomediate)	\$	300.00
	IVD Canine Hypo PR case	ŝ	87.00			eralion (lix)	š	360.00
	IVD Cardne Hypo PV 17.6#	\$ \$	75.00			eration (major)	\$	400,00
	IVO Carena Hypo PV 7.7#	\$	35.00			eration (minor)	\$	260.00
	IVD Caring Hypo FV case	\$	67.00			hilose syrup - /4 curices	1	15.00
		-				-,,	-	

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

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2984 Lactulote syrup-bottles \$ 18.00	PRODUCT ID	PRODUCT DESCRIPTION	DEF. PRICE	PRODUCT ID	PRODUCT DESCRIPTION		F. PRICE y = 1)
414 Lipase (parureas) \$ 47.00 280 Morphine CRIMey \$ 23.00 2500 Liquichor Cintment 10ml \$ 10.00 2504 Morphine CRIMey \$ 23.00 710 Local Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 2509 Eloparamide Zing \$ 3.00 4186 Muzzle - sarta large \$ 13.00 550 Local Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 50.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 50.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 101.00 5576 Mycodex Pearlescent \$ 9.00 156 Lyme Anesthesia \$ 9.00 4186 Muzzle - sarta large \$ 12.00 552 Lyme & RIMSF liter - Anisch381 \$ 101.00 5576 Mycodex Pearlescent \$ 9.00 156 Neil Clip Large Bird \$ 22.00 540 Lyme ligG \$ 88.00 3561 Mycodex With Abadvin \$ 9.00 156 Neil Clip Large Bird \$ 22.00 540 Lyme ligGly \$ 80.00 1099 Nasai flush Feline \$ 90.00 3600 Lyme plus dip 180x \$ 22.00 1098 Nasai flush Feline \$ 90.00 3600 Lyme plus dip 180x \$ 22.00 1098 Nasai flush Feline \$ 90.00 167 Lyme Series #1 wl other vac. \$ 38.00 4 Nasai Folk Feline \$ 90.00 171 Lyme Vacc. Series #1 \$ 80.00 1053 Nascopharpageal Poby Ramoval \$ 300.00 171 Lyme Vacc. Series #2 \$ 80.00 1053 Nascopharpageal Poby Ramoval \$ 300.00 171 Lyme Vacc. Series #2 \$ 80.00 50 Nassai Rush Feline \$ 90.00 171 Lyme Vacc. Series #2 \$ 80.00 50 Nassai Rush Feline \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston Without Vacchiston Without Vacchiston Without Vacchiston Without Vacchiston Wi	2584	Laciuloso svouo-bottle	\$ 1800	2268		{	1800
414 Lipase (parureas) \$ 47.00 280 Morphine CRIMey \$ 23.00 2500 Liquichor Cintment 10ml \$ 10.00 2504 Morphine CRIMey \$ 23.00 710 Local Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 2509 Eloparamide Zing \$ 3.00 4186 Muzzle - sarta large \$ 13.00 550 Local Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 50.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 50.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 101.00 5576 Mycodex Pearlescent \$ 9.00 156 Lyme Anesthesia \$ 9.00 4186 Muzzle - sarta large \$ 12.00 552 Lyme & RIMSF liter - Anisch381 \$ 101.00 5576 Mycodex Pearlescent \$ 9.00 156 Neil Clip Large Bird \$ 22.00 540 Lyme ligG \$ 88.00 3561 Mycodex With Abadvin \$ 9.00 156 Neil Clip Large Bird \$ 22.00 540 Lyme ligGly \$ 80.00 1099 Nasai flush Feline \$ 90.00 3600 Lyme plus dip 180x \$ 22.00 1098 Nasai flush Feline \$ 90.00 3600 Lyme plus dip 180x \$ 22.00 1098 Nasai flush Feline \$ 90.00 167 Lyme Series #1 wl other vac. \$ 38.00 4 Nasai Folk Feline \$ 90.00 171 Lyme Vacc. Series #1 \$ 80.00 1053 Nascopharpageal Poby Ramoval \$ 300.00 171 Lyme Vacc. Series #2 \$ 80.00 1053 Nascopharpageal Poby Ramoval \$ 300.00 171 Lyme Vacc. Series #2 \$ 80.00 50 Nassai Rush Feline \$ 90.00 171 Lyme Vacc. Series #2 \$ 80.00 50 Nassai Rush Feline \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston Without Vacchiston Without Vacchiston Without Vacchiston Without Vacchiston Wi	919	Lanarolomy	\$ 800.00	2262	Materialização Sugaration 50-ma/mi		
414 Lipase (parureas) \$ 47.00 280 Morphine CRIMey \$ 23.00 2500 Liquichor Cintment 10ml \$ 10.00 2504 Morphine CRIMey \$ 23.00 710 Local Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 2509 Eloparamide Zing \$ 3.00 4186 Muzzle - sarta large \$ 13.00 550 Local Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 55.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 50.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 50.00 4186 Muzzle - sarta large \$ 13.00 550 Loral Anesthesia \$ 101.00 5576 Mycodex Pearlescent \$ 9.00 156 Lyme Anesthesia \$ 9.00 4186 Muzzle - sarta large \$ 12.00 552 Lyme & RIMSF liter - Anisch381 \$ 101.00 5576 Mycodex Pearlescent \$ 9.00 156 Neil Clip Large Bird \$ 22.00 540 Lyme ligG \$ 88.00 3561 Mycodex With Abadvin \$ 9.00 156 Neil Clip Large Bird \$ 22.00 540 Lyme ligGly \$ 80.00 1099 Nasai flush Feline \$ 90.00 3600 Lyme plus dip 180x \$ 22.00 1098 Nasai flush Feline \$ 90.00 3600 Lyme plus dip 180x \$ 22.00 1098 Nasai flush Feline \$ 90.00 167 Lyme Series #1 wl other vac. \$ 38.00 4 Nasai Folk Feline \$ 90.00 171 Lyme Vacc. Series #1 \$ 80.00 1053 Nascopharpageal Poby Ramoval \$ 300.00 171 Lyme Vacc. Series #2 \$ 80.00 1053 Nascopharpageal Poby Ramoval \$ 300.00 171 Lyme Vacc. Series #2 \$ 80.00 50 Nassai Rush Feline \$ 90.00 171 Lyme Vacc. Series #2 \$ 80.00 50 Nassai Rush Feline \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Vacchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston with other vac. \$ 38.00 51 Nassai County Rabies Varchise \$ 15.00 161 Lyme Vacchiston Without Vacchiston Without Vacchiston Without Vacchiston Without Vacchiston Wi	2364	Lexix 40/00	\$ 16.00			٠	FANGU
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1165 Mastectomy (Cat)	520	Mart Call Marker and Himey (Atti)	\$ 495.00	0004 8A} t	Hantradama	Ť	
1165 Mastectomy (Cat)	519	Mast Call Markers (AMC)	ተ ፈጣለስስ	1100	Manhintonu	÷	
Section Sect	****	Manieciarry (Cnt)	\$ \$00.00 \$ \$00.00	7447	May Card 101. 9469 manth	*	
3659 Medication \$ 0.00 3569 Notices \$ 27.00 1905 Medication \$ 0.00 3569 Notices \$ 27.00 1905 Medication \$ 0.00 3777 Notices \$ 12.00 3777 Notices \$ 12.00 3667 Medicine Administration 2x per day \$ 22.00 2469 No5orb \$ 4.00 3665 Medicate \$ 5.50 3765 MutrVed \$ 8.00 3131 Mephyton Tablets \$ 9.00 5001 NYS Reimburse spaymaut actust \$ 0.00 3405 Mempenam 500mg/vial \$ 31.00 233 Obstete Assistance \$ 350.00	1168	Mastectomy (Dog)	t san an	2418	May Card 7.1 1.20 it i manis	2	
3659 Medication \$ 0.00 3569 Notices \$ 27.00 1905 Medication \$ 0.00 3569 Notices \$ 27.00 1905 Medication \$ 0.00 3777 Notices \$ 12.00 3777 Notices \$ 12.00 3667 Medicine Administration 2x per day \$ 22.00 2469 No5orb \$ 4.00 3665 Medicate \$ 5.50 3765 MutrVed \$ 8.00 3131 Mephyton Tablets \$ 9.00 5001 NYS Reimburse spaymaut actust \$ 0.00 3405 Mempenam 500mg/vial \$ 31.00 233 Obstete Assistance \$ 350.00	564	terstand munche test 1707	£ 238.00	0110	Nov Cool 66 4 - 124 8 9 manis		
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3131 majurgani rebela 5 9,00 5001 AYS Kelmalasa spayinali actus(5 0,00 3405 Maropeana 500mg/vial 5 31,00 233 Challeteral Assistance 5 350,00	3897	Madicine Administration 2x aer day	\$ 22.00	2480	NnSam	÷	
3131 majurgani rebela 5 9,00 5001 AYS Kelmalasa spayinali actus(5 0,00 3405 Maropeana 500mg/vial 5 31,00 233 Challeteral Assistance 5 350,00	3665	Madrol 4 mg	\$ 550	九7条件	NutriVed	Ś	
3405 Meropeaem 800mg/vial 8 31.00 233 Obstektical Assistance 5 350.00 2502 Metacam 8 32.00 6 Office visit-courtesy 3 0.00 3762 Methimazote 5mg Tablets 5 15.00 3494 Office visit-courtesy 5 5.00 3779 Methimazote transdermat/syring 5 5.00 3770 Omega Tri-V Cape Large 60ct 5 17.00 2808 Metoclopramide 10 mg 5 15.00 3764 Omega Tri-V Cape Medium 60ct 5 12.00 2264 Metronidazote 250mg 5 15.00 3763 Omega Tri-V Cape Small 60ct 5 12.00			\$ 9.00	3004	NVS Raimbuss snownout activit	₽	
2602 Metscerm \$ 32.00 6 Office visit courtesy 3 0.00 3762 Methimazose 5mg Tablets 5 15.00 3494 Office visit courtesy 5 5.00 3779 Methimazose transdermat/syring 5 5.00 3770 Omega Td-V Cape Large 60ct 5 17.00 2808 Metockopremide 10 mg 5 15.00 3784 Omega Td-V Cape Medium 60ct 5 12.00 2854 Metronidazole 250mg 5 15.00 3783 Omega Td-V Cape Small 60ct 5 12.00	3405	Merceenem 500mo/vist	\$ 31.00	211	Challetical Assistants	\$	
3782 Methimazole 5mg Tableis \$ 15.00 3494 Ofteracin Ophihalmic Drops \$ 15.00 3779 Methimazole transdematisyring \$ 5.00 3770 Omega Td-V Cape Large 60ct \$ 17.00 2808 Metoclopremide 10 mg \$ 15.00 3784 Omega Td-V Cape Medium 60ct \$ 12.00 2264 Metronidazole 250mg \$ 15.00 3783 Omega Td-V Cape Small 60ct \$ 12.00	2502	Moleciam	8 3200	A B	Ciffes white-routes	- 53 1≹	
3779 Methimazote transdermat/syring \$ 5.00 3770 Omega Tri-V Cape Large 60ct \$ 17.60 2808 Metoclopremide 10 mg \$ 15.00 3784 Omega Tri-V Cape Medium 60ct \$ 12.60 2264 Metronidazote 250mg \$ 15.00 3783 Omega Tri-V Cape Small 60ct \$ 12.00	3787	Melhimazoia Smu Yahlais	\$ 15.00	2404	Offerson Continuing Penne	ē.	
2809 Metoclopramide 10 mg	3778	Metilmazose transdormavavrino	\$ 8.00	3770	Omena Tel V Cana I area 6001	a g	
2254 Metronidazolo 250mg 5 15.00 3763 Omega Tri-V Capa Small 60ct 5 12.00	2809	Melocicoremide 10 mo	\$ 15.60	3784	Onega Trav Cane Madhim Abri	Š	
Order Habonediance of the second of the seco	2264	Metronidazola 250mg	\$ 1500	3763	Omena TrioV Cane Small 60ot	8	
acon monographic during the second of the second property of the sec	2265	Metronidazola 500mn	\$ 15.CO	3782	Omege Tri-V Llquid Box.	\$	20.60

DEF. PRICE includes Pkg Fest, Min Price, and Round Off Page 9 * * Price of item when used as bundle

PRODUCT	PRODUCT	DEI	, PRICE	PRODUCT	PRODUCT	DE	. PRICE
D	DESCRIPTION	fOth	(= 1)	10	DESCRIPTION	(Qt	/ = 1)
2511	Onelor 6mg packet/3 tablets	\$	15.00	2481	Phenoberbital Taba 1/4gr	\$	<u>(=1)</u> 19.00
	open	\$	0.00		Phenoberbital Tebs 1/2gr	S	19.00
1123	Operating Room Fee	\$	300.00		Phonylbutezone Tabs 100mg	\$	5.00
3472	Oplichamber and mask	5	88.00	416	Phosphorus	\$	43.00
3316	Optiminate	\$	48.00	3787	pHydron papers - roll	\$	13.00
3417	Opfixcare	Š	16.00	1	Physical examination	\$	66.00
	Oral Cleansing Gel	\$	15.00	3345	PhytoVel P Anti-lich Spray	\$	19.00
1804	Oral pro-severe tertar	\$	135.00		PIII Gun	\$	6.00
1000	Oral Surgary (dental related)	5	60.00 15.00		Pill Pocket Cenine Small Pill Pocket Feline	\$	8,00 9,00
	Orbax 22.7 Orbax 88mg	\$	15.00		PIII Pocket-Canine Large	\$	10.00
	Osumia Treatment 1 Tube	Œ:	25.00		Pintelet Count	\$	36.00
	Oli-class for	85 65 65 69	20.00		PLI -caning (idexx) (lest 1849)	5	70.00
	Olomax	Š	18.00		PLI test-idexx Feine last 2493	\$	72.00
	Ovariohyelerectomy, See Below	Š	0.00		PLI- Canine/Feime anap lest	Š	66.00
	Oxydex HP Shampeo Soz	\$	10.00		Pluck Ears/Nais	\$	20.00
712	Oxygen - First Hour	* * * *	50.00	287	Poison ingestion trealment	5	155,00
713	Oxygen additional hours	\$	15.00		Potessium	\$	40.00
2492	Oxyglobin 125 ml	\$	210.00		Potessium Bromide (Cox.	\$	40.00
	Palledia formg / 30 ct	\$	115,00		Potassium Bromide 250mg / 60 tablets		24.00
	Palledia tismo/ 30 ct	\$	184,00		Poteerium Bromide Level	\$	143,00
	Palladia 50 mg/ 30 ct		600.00		Polessum Gluconale Gel 5 oz	\$	16.00
	Panacur 10 pound packet (3 per pack)	3	15,00	3562	Polessium Gluconale Powder (Rena.	\$	26.00
	Penecir 20 pounds	\$	15,00	15.30 200	Phis)		4 E MA
3403	Panacur 40 pound peckel (3 per	\$	18.00		Polastium Gluconale Tablet	\$	15.00
\$48.4	packet) Panacur tquidi ounce	\$	16.00		Pramodern HC Spray Prazosin 0.5mg capsula	\$	27.00 15.00
3464: 3863	Panalog Cintment 30 ml	\$	24,00	4,100 988	Pre-op Chempenel Antech-SAMO	Š	43.00
3134	Panceazyme 12 oz	\$	175.00	#45 #45	Presnesihetic Blood Screen in house	\$	37.00
	Pancreszyme Powder čoz	\$	125.00	3668	Pradnisolone 3MQ/ml LIQUID per az	Š	15.00
3800	Panmycin Aquadrops	\$	16.00	2870	Prednisolone Acetate Drops	Š	24,00
	Panalog Ointment 15ml	Š	14.CO		PREDMISOLONE Tabs 5mg	\$	15.00
	Parathonone/Calcium (Michigan)	8	110,00		Prednisone Tabs 5mg	\$	15.00
1058	Partial Larvogectorny	\$	350.CO	3664	Prednisone Tabs 20mg		15.00
541	Parvovirus Anligen PCR Pks /Tick Borne Assay - Feline	\$	101,00	3657	Previcox 227mg	\$ \$	15.00
529	PCR Tiez /Tick Borne Assay - Feline	\$	180.CO		Previoux 57mg	\$ \$	15.00
79.7	run danonera i 1910	-35	174.00		Primor 120	\$	15.00
	PCR Fina/Tick Borne Assay - Canina		180.60	2282	Primor 1200	***	15.00
	PCR for FIP Anleich T600	\$	185.00		Primor 240	ž	15.00
	PCR Gi Profile - Canina	8	196.00		Primor 800	ž	15.00
	PCR GI Profile - Feline	\$	170.00 101.00		Pro BNP Test Procedu	*	122.00 90.00
	PCR Hamoplasms Panel Feline T985 PCR Upper Respiratory Disease T-	ş	180.60		Progesterone Test		56.00
000	2612	2	FUVEWA		Progesterona Test-	***	65.00
441	PGV (hamatocrit)	8	23.00		Proheert > 1504	Š	110.00
442	PCV Sedal	Š	16.00		Probeat 1-10#	š	34.00
	Peaclyl Shampoo 12 oz	\$	10.00		Prohesit 10.1-20#	\$	38.00
	Pecificus Myotendoriactomy	\$	250.00		Prohesrt 100,1-150#	\$	95.00
250	Pedicuse - courtosy	\$	0.00		! Proheert 20.1 -30#	\$	42.00
251	Pedicum - nell trim	\$	15.00		Prohesit 30.1-40#	\$	46.00
	PEG tube placement	\$	350,00		proheat 40,1-30 ff	\$	\$0.00
	Pellitot	15	12,00		Proheart 50.1-60#	\$	54.00
	Percorbi-V and syringes	\$	220.00		Prohest 60.1-70#	** ** ** **	58.00
	Perianal adenoma	\$ \$	550.00 700.00) Prohest 70.1 -80#) Prohest 80.1-80#	Þ	62,00
	Perianal Adenoma/Castration Pet Cal 60 Tablets	3 \$	17.00		Prohest 90.1-160#	\$	51.00 70.00
	Pet Carler	\$	6.00		Proint 75mg	\$.	15.00
	Pot Cal 180 Tablets	Š	45.00		Froin/Unilex 25mg	****	15.00
	Pet-laca #60	***	17.00		Proin/Urillex 50mg	\$	15.00
	Pot-labs Pfus 60ct	\$	21.00	71	Propotol anasthetic	\$	22.00
3138	Pol-Tink	\$	20.00	1 4 <i>1</i> %	B Protein C test-Cornel U	Š	115.00
	Pheryngostomy Tube Placement	\$	120.00	· 542	Protein Electrophoresis	5	148.00
	Phenobarbital 60 mg	\$	15.00		ProtokyCreeline ralia (363)	\$	95.00
572	Phonobarbital level	\$	94.00	350	I Prazine	â	125.00

OEF, PRICE includes Pkg Fee, Min Price, and Round Off * a Price of them when used as bundle

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BB 001657	BBBBIDE	PL 17-25	nniar	SHABILAT	BOAN IOT	n.mm	AB(AP
PRODUCT	PRODUCT PERCENTION	UEP	· MOVE	PRODUCT	PRODUCT DESCRIPTION Sholler examination	UEF	. PRICE
ID	DESCRIPTION Politacous serum üler	- Tria	2 1)	io ;	DESCRIPTION	<u>, july</u>	<u>= 1) </u>
2505	ramacosa serum wer	\$	30. W	4850	Sheller examination Simplical 100mg Simplical 200 mg Skin Scraping Slenitol 20mt Slenitol 50mt SMA Profile (major) Small Animal boarding Sodium and Potassium Sodium Chloride 0.9 parcent 1000mt	*	0.00
808	PT PT, FTT (SCA2000) PT, PTT, Mate., Fibrin, D-Dinver PT/PTT	ð.	42.00	1000 1000	Officer 100mg	\$ \$	15,00
907	OF POT DATE TO SEE TO DESCRIPT	à	88.00	2/ HD	Outpillet 200 mg	\$ \$	15.00
294£	LEADAR CONTRACTOR CONT	3_	166.00	980	OKIN DATACHIA	3 5	35.00
00U.	D. 4.2 L. 4.3 L.	9 \$	89.00	4494 444	Olering Zurik		55,00
925 254	rin sti pa	∯r e	139.00	240	Section of the second	\$	109.00
49Q	FIN KF	3	191.00	444	SMA Profile (major)	\$	103.00
0.05	PFI Declaration for the	3	40.00	1310	Small Animal Doaroung	\$	14.00
Q#U	ryloropasty	3	400.00	420	Sodium and Potassitati	\$	63.00
2004 4171	Pydoes Gel 102	9	14.00	4330		\$	10.00
115%	Properties falls	*	850.00	4460	bag	\$	45.00
1110	Carlos Tank Of History	*	700.00 40.00	4100	Soft Pawa Application	\$	45.00
6/18 1.6-1	Paris the Paris for	¥	86.00	4 to:	Soft Paws Nail cape kit Sonoorem screen		14.00
፥ሜ [የ <i>ተ</i> ባ	Cables New Contractive	*	33,00	36.6. 4 * 5 4	Sonogram screen Spay cat + Dect 4 inc pais med Spay catkfactew(2)inc pais med Spay dog 15-30 # inc. pain med	\$ \$	110.00
196	Dables Vac., Cantra Kyr	\$		1104	opay can't Deci 4 inc pass mod		675.00
1.4.4	Nacias Vsc., Pains lyr	₽	38.00	1100	opay carcaclaw(z)inc pain mod	\$	560,00
199 500	NADISS VAC., PORING KRISH	3	90.00			\$	305,00
008	Captage Consumers Specialist	3	105.00	11/0	Spay dog 30-50 # inc. pain med	\$	325.00
00 <u>2</u>	NAGRECK ACEY	3 :	86.00	1)(4	opay dog ot-our inc. pan med	\$	340.00
30 (0	Kitooksie ii mg 30 lackels	*	46.00	1180	Spay bog 80 lbs+ inc. pain med	\$	460.00
\$41 may 4	Racial Proapso	ş	325.00	11/6	Spay cog < to me inc pain mad	\$	285.00
2034	Remove mas (routine)	\$	10.00	1161	Spay teline incalding pen med	\$	285,00
2000	Kawone ware (reveus)	¥	25,00	1183	Abea leijue bied viņc barr weg	\$	675.00
91	Reporting Fee	\$	4.00	1182	Spay feline/heat inc.pain med	\$	390.00
4180	Resco real innumer	\$	12.00	1195	Spay dog 30-50 # mc. pain med Spay dog 50 bet inc. pain med Spay dog 50 bet inc. pain med Spay dog 51 fix inc.pain med Spay felline including pain med Spay felline preg. inc. pain med Spay felline preg. inc. pain med Spay ferret Spay mature dog-surgical fee Spay Rabbit Spacial Serv. isto treatment Splanectomy	\$	120.00
3497	Resicon Conditioner	2	30.00	1156	Spay mature dog-surgical fee	\$	450.00
446	Raticulocyte Count	\$	47.00	1186	Spay Rabbit	\$	400.00
Hts I	Return Credit	\$	0.00	286	Spacial Serv. fale treatment	\$	7.00
5014	Returned Check Services	\$	30.00	864	Splenectomy Staph Lysate Inj Stenedic Nams Renair	\$	00.00
3243	Revolution Cals 5.1 -15# Spack	\$	105.00	3410	Staph Lysate Inj Staph Lysate Inj Stanctic Nares Repair	\$	118,00
3252	Revolution Cals 5.1-16# 3pack	\$	59.00	1277	Andrews and the same of the first	\$	360.00
3254	Revolution dog 10.1 - 20# 3pack	\$	60.00	587	Stone analysis Subcutaneous Flukts Sucrafiato tablots Sulfasalazine Sulfosalazine Sulfosalazine Sulfoxydex 8 ounces Sulfoxydex Shampeo 120 ez. Supplicat 5.0oz	\$	85.GO
32.45	Revolution dog 10.1-20% Speck	\$	105.00	1609	Subculaneous Fluids	\$	35.00
3255	Revolution dag 20.1-40# 3pack	\$	60.00	2493	Sucraffate tablets	5	15.00
3246	Revolution dog 20.1-40# Spack	\$	105,00	2356	Bulfasalazina	\$	9.00
3258	Hevolution dog 40.1-35# 3pack	\$	63.00	3575	Sulfoxydex B ounces	\$	14.00
3247	Revolution dog 40.1-25# Spack	\$	110,00	3582	SullOxyDex Shampoo (2) ez.	\$	18,00
3253	Revolution dog 5.1-10# 3pack	\$	59.00	3776	Supplical 5.0oz	8	7.00
3214	Kevolution dog 5, 1-109 spack	3	103.00	665	Surgary Dr. Sevalle/ Infernuso Surgical looth extract. major Surgical looth extract-inter Surgical looth extract-ample	5	00.008
3257	Revolution dog 85.1-130# Jpack	5	80.00	1511	Surgical looks extract major	\$	300.00
3242	Revolution puparit <pre>spack</pre>	\$	53.00	1612	Surgical loots extract-later	₽	110.00
543	Kive imatolo Factor	\$	59,00	1613	gridicat loon extract-tiuble	Ę	60.00
32337	Kamakiyi 100mg	2	15,00	2022	Outher form	₽	31.00
3552	Fernady 100mg 180ct	\$	280,00		Suspension, Chicken Flavored for		7.00
3000	remodyl zanig	\$	15,00		Synotic (10ml) with Bayeri 10(ml)	5	64.00
3556	PT.PTT. Piate., Pibrin, D-Dinver PTPTT PTH-RP PTH-RP PTH-Pyloroptasty Pyoben Gol 1 oz Pyometra, carine 1yr Rables Vac., Falline Kitten Radiology Consultation: Specialist Radiat Prospec Remove mats (routine) Remove mats (severe) Reporting Fea Resco real trimmer Resicort Conditioner Resicuted Charck Services Revolution Fea Revolution Caris 5.1-15# Spack Revolution dog 10.1-20# Spack Revolution dog 10.1-20# Spack Revolution dog 20.1-40# Spack Revolution dog 20.1-40# Spack Revolution dog 30.1-10# Spack Revolution dog 30.1-10# Spack Revolution dog 35.1-10# Spack Revolution Spoted Faver Silvary Mecabacole Scaliber Dog Tick collar SCHEDULE RECHECK APPT. Scrotal Ablation STMA. Letter	\$	15.00		Synolic 8 ml	\$	25.00
4327	unders raciated 1000uni (pag)	ě	10.00		Synolic w/ .7ml enroflexacin 100mg/mi		42.00
555	Kocky wountain Spotted Fever	ð.	67.00	4520	Syringe 6-12cc	\$	1.00
642	CHIVARY MECOSCOIC	25	650.00	2495	Syringe 612ct. Syringe filled with medication Syringe luberculin Syringe-insurin U40 Box Syringes 35-60cc. Syringes 3cc 23g or 20g T- connector T3 T4	3	8.00
23/15	econocino di lick coust	2	€0.¢ó	4519	aynoge moorcom	Ş	0.50
10	SUPEDULE RECYECK APP 1.	Þ	00.0	4517	oyango-mausa U40 Box	3	24.00
1104	SCIDION ADMISSION	ě	425.00	45%7	syringes an oucc	8	2.00
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DEF. PRICE includes Pkg Fee, Min Price, and Round Off Page 11
* - Price of item when used as bundle