



2812 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629
Fax: (956) 292-7612
www.co.hidalgo.tx.us/purchasing

January 14, 2020

Veterinary Services
Four Paws Animal Hospital
Attn: Dr. Justin Cerelli
214 Conquest Boulevard
Edinburg, Texas 78539

via email: jscdvnm@gmail.com

Re: Original Contract No. C-17-148-05-16 / New Extension No. E-20-027
Hidalgo County – "Veterinary Services for K9's"

Dear Dr. Martinez:

Be advised, that County has chosen the option to exercise the final **ONE (1) YEAR EXTENSION** under the same rates, terms and conditions with your company for the referenced project. However in order to proceed with the approval of the extension, the County is required, as of January 1, 2016, to comply with Texas Government Code, §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed Certificate of Interested Parties Form 1295, to the County before the County may enter into a contract with the business entity.

In order for County staff to process the above referenced extension/renewal, you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of Form 1295, provide the No.: ~~E-2020-027~~. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed an "unsworn declaration" and submitted to our office by the deadline stated below.

In order to maintain the schedule for presentation to Commissioners Court, the signed an "unsworn declaration" Form 1295 must be received in our office completed by no later than ~~Wednesday January 22, 2020 at 9:00am~~. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed an "unsworn declaration" may result in delay.

In, addition, please include your "~~Updated Certificate of Insurance~~" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: jaime.rivas@co.hidalgo.tx.us by no later than date reflected above.

By: Justin Cerelli Date: 1-15-20
Justin Cerelli /Dr. Justin Cerelli (Signature)
Authorized agent for Four Paws Animal Hospital

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process. If any further assistance is required, please do not hesitate to call the Purchasing Department (956) 318-2626.

Sincerely,

Jaime Rivas

Jaime Rivas
Hidalgo County Purchasing Department

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Four Paws Animal Hospital
Edinburg, TX United States

Certificate Number:
2020-577368

Date Filed:
01/15/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
HCSO

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
e-20-027
veterinary services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cerelli, Justin	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Justin Cerelli, and my date of birth is 06/08/1973.

My address is 214 Conquest Blvd, Edinburg, TX, 78539, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 15 day of Jan, 2020.
(month) (year)

Justin Cerelli
Signature of authorized agent of contracting business entity
(Declarant)

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Four Paws Animal Hospital
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e-20-027
veterinary services

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			Controlling	Intermediary
	Cerelli, Justin	Edenburg, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)



FOURPAW-01

JCASTANEDA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/22/2019

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

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

PRODUCER Shepard Walton King Insurance Group 121 West Pecan Blvd. Mcallen, TX 78501	CONTACT NAME: Jannet Castaneda PHONE (A/C, No, Ext): (956) 682-2841 4013 E-MAIL ADDRESS: jcastaneda@swkins.com FAX (A/C, No): (956) 630-4015												
INSURED Four Paws Animal Hospital, DBA Dr. Justin Cerelli DVM, PC 214 Conquest Blvd. Edinburg, TX 78539	INSURER(S) AFFORDING COVERAGE <table border="0"> <tr> <td>INSURER A : Tri-State Insurance Company of Minnesota</td> <td>31003</td> </tr> <tr> <td>INSURER B : Continental Western Insurance Company</td> <td>10804</td> </tr> <tr> <td>INSURER C : Texas Mutual Insurance Company</td> <td>22945</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Tri-State Insurance Company of Minnesota	31003	INSURER B : Continental Western Insurance Company	10804	INSURER C : Texas Mutual Insurance Company	22945	INSURER D :		INSURER E :		INSURER F :	
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INSURER F :													

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL-SUBR: INSD; WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		ADV 4786875-11	10/7/2019	10/7/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 OTHER \$
GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY	PRO-JECT	LOC			\$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY		ADV 4786875-11	10/7/2019	10/7/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
B X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		CUA4791062-11	10/7/2019	10/7/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ Aggregate \$ 1,000,000 DED RETENTION \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	0001299013	1/1/2019	1/1/2020	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Hidalgo County Sheriff's Office 711 El Cibolo Rd Edinburg, TX 78539	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Shepard Walton King Insurance Group</i>
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