



WILLIAMSON COUNTY  
PURCHASING DEPARTMENT  
301 SE INNER LOOP - SUITE 106  
GEORGETOWN, TEXAS 78626

<http://www.wilcogov.org/purchasing>

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## INVITATION FOR BIDS

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### PHARMACEUTICALS AND SUPPLIES FOR WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER

**BID NUMBER: 12IFB00026**

**BIDS MUST BE RECEIVED ON OR BEFORE: May 22, 2012 – 2:00 PM**  
**BIDS WILL BE PUBLICLY OPENED: May 22, 2012 – 2:00 PM**

#### BID SUBMISSION

**DEADLINE:** Bids must be received in the Williamson County Purchasing Department on or before **2:00 pm on Tuesday, May 22, 2012**. Bids will be publicly opened at 2:00 pm or soon thereafter in the Williamson County Purchasing Department, Williamson County Inner Loop Annex, 301 SE Inner Loop – Suite 106, Georgetown, Texas. The Time-Date Stamp Clock located at the Williamson County Purchasing Department will serve as the official clock for the purpose of verifying the date and time of receipt of bids.

**METHODS:** Sealed bids may be hand-delivered or mailed to the *Williamson County Purchasing Department, Attn: Brenda Fuller, Williamson County Inner Loop Annex, 301 SE Inner Loop – Suite 106, Georgetown, Texas 78626*.

**FAX/EMAIL:** Facsimile and electronic mail transmittals will not be accepted.

#### BID REQUIREMENTS

**SUBMITTAL:** One (1) original bid, three (3) copies and **one (1) CD**. Bids should be submitted and consist of the COMPLETED AND SIGNED Bid Form and any other required documentation. **All copies should have the same attachments as the original.**

**SEALED:** All bids must be returned in a sealed envelope. Clearly mark the outside of the envelope with the bidder's name, address, bid name, number, opening date and time. **If an overnight delivery service is used**, the bidder's name, address, bid name, number, opening date and time should be clearly marked on the outside of the delivery service envelope.

**REFERENCES:** Williamson County may require bidder to supply a list of references where like services have been supplied by their firm if vendor has not done

business with the County within the past five (5) years. Include name of firm, address, telephone number and name of representative.

**LEGIBILITY:** Bids must be legible and of a quality that can be reproduced.

**FORMS:** All bids must be submitted on the forms provided in this bid document. Changes to bid forms made by bidders may disqualify the bid. Bids cannot be altered or amended after submission deadline.

**DOCUMENTATION:** Bidder should provide with this bid response, all documentation required by this bid. Failure to provide this information may result in rejection of the bid.

**LATE BID:** Bids received after submission deadline will not be opened and will be considered void and unacceptable. Williamson County is not responsible for lateness of mail, courier service, etc..

**RESPONSIBILITY:** It is expected that a prospective bidder will be able to affirmatively demonstrate bidder's responsibility. A prospective bidder should be able to meet the following requirements:

- a) have adequate financial resources, or the ability to obtain such resources as required;
- b) be able to comply with the required or proposed delivery schedule;
- c) have a satisfactory record of performance;
- d) be otherwise qualified and eligible to receive an award.

Williamson County may request representation and other information sufficient to determine bidder's ability to meet these minimum standards listed above.

## **AWARD**

**THIRTY DAYS:** Awards should be made approximately thirty (30) days after the bid opening date. Results may be obtained by contacting the Purchasing Contact.

**REJECTION OR ACCEPTANCE:** A primary, secondary, tertiary and/or subsequent award may be made for this bid. Items may be awarded in total or in part at the sole discretion of the County. Bids may be rejected for some items, departments or areas, even though awards are made for others. The convenience of having a single source for similar items will be taken into consideration together with price in determining the lowest and best bid.

It is understood that the Commissioners' Court of Williamson County, Texas, reserves the right to accept or reject any and/or all bids for any or all materials and/or services covered in this bid request, and to waive informalities or defects in the bid or to accept such bid it shall deem to be in the best interest of Williamson County. In determining the overall best bid, the County may exercise the following option granted to local governments under the Texas Local Government Code.

As summarized in TLGC § 271.907, this option allows the County to evaluate bids and give preference to goods and/or services of a vendor that demonstrates that the vendor meets or exceeds any and all state or federal environmental standards, including voluntary standards, relating to air quality. If the bid being submitted will have an effect on air quality for Williamson County (as it relates to any state, federal, or voluntary air quality standard), then the bidder should provide information in narrative form indicating the anticipated air quality impact. Bidders are expected to meet all mandated state and federal air quality standards.

**CONTRACT:** This Bid, when properly accepted by Williamson County, shall constitute a contract equally binding between the successful bidder and Williamson County.

The successful bidder may be required to sign an additional agreement containing terms necessary to ensure compliance with the bid.

**CONTRACT ADMINISTRATION:** Cheryl Schneider, Williamson County or successor, shall be the contract administrator/Owner's Designated Representative (ODR) with designated responsibility to ensure compliance with contract requirements, such as but not limited to, acceptance, inspection and delivery. The contract administrator/ODR will serve as liaison between Williamson County Commissioner's Court and the successful bidder.

**CONTRACT PERIOD(S):** The Initial Contract Period is July 1, 2012 through June 30, 2013.

Possible extensions include:

July 1, 2013 through June 30, 2014

July 1, 2014 through June 30, 2015

**CONTRACT EXTENSIONS:** At the end of the initial contract period, the Commissioners' Court reserves the right to extend this contract, by mutual agreement of both parties, as it deems to be in the best interest of the county. If approved, this extension will be in twelve (12) month increments for up to an additional twenty-four (24) months, with the terms and conditions remaining the same. Any requested price adjustments must follow the economic adjustment clause in the bid documents. The total period of this contract, including all extensions will not exceed a maximum combined period of thirty-six (36) months. The extension of this contract is contingent on the appropriation of necessary funds by Commissioner's Court for the fiscal year in question. Upon the failure of Commissioner's Court to so appropriate in any year, the Vendor may elect to terminate this agreement, with no additional liability to the County. The County and the Vendor agrees that termination shall be the Vendor's sole remedy under this circumstance.

**ECONOMIC ADJUSTMENT:** The awarded Vendor may submit a request for a contract pricing adjustment for approval by the County if the Vendor can show just cause substantiating an adjustment. The requested adjustment must be for supplies and/or services and in no way represent an increase in the Vendors profits, labor, or other overhead. The Vendor's request must include evidence in the form of a certified statement or affidavit from the supplier or manufacturer detailing the price adjustment, the effective date for the adjustment, and any other information requested by the Purchasing Department to verify the adjustment.

An adjustment request will be effective after approval of Commissioner's Court. Until then the original contract pricing will remain unchanged. If an issue regarding an adjustment request is not resolved, the Purchasing Office reserves the right to seek competition from other sources.

Any materials or services delivered by a Vendor at a not agreed upon price are done so at the Vendors risk.

Pricing must remain firm for the first three (3) months of the initial contract period. A minimum period of three (3) months must elapse between adjustment requests.

## BID CONTACTS

Any questions, clarifications or requests for general information should be directed to the contact listed below. Question submittals must be made via email, and are **due by 5:00 PM on Tuesday, May 15, 2012**. Every effort will be made to answer questions as soon as possible with an email response.

All submitted questions with their answers will be posted to the Williamson County portal,  
<http://wilco-online.org/ebids/bids.aspx>  
If you do not have access to email or internet please call the Purchasing contact below.

### PURCHASING CONTACT:

Brenda Fuller  
301 SE Inner Loop – Suite 106  
Georgetown, TX 78626  
(512) 943-1607  
[brendafuller@wilco.org](mailto:brendafuller@wilco.org)

## MISCELLANEOUS

### ADDENDA AND ADDITIONAL INFORMATION:

It is the bidder's responsibility to check with our office prior to submitting your bid to ensure that you have a complete, up-to-date package. The Purchasing Department takes no responsibility to ensure any interested bidder has obtained any outstanding addenda or additional information. Any addenda and/or other information relevant to the bid will be posted on the Williamson County vendor portal at the following link:  
<http://wilco-online.org/ebids/bids.aspx>

### PIGGYBACKING:

During the term of the Agreement resulting from this invitation to bid Williamson County would like to afford the same prices, terms and conditions to other political subdivisions or public entities. Participation in this contract resulting from this Invitation to Bid is subject to a properly authorized Purchasing Cooperative Inter-local Agreement with Williamson County. Any liability created by Purchase Orders issued against this agreement shall be the sole responsibility of the governmental agency placing the order.

FOB DESTINATION: All of the items listed are to be Free On Board to final destination (FOB Destination) with all transportation charges if applicable to be included in the price, unless otherwise specified in the Invitation for Bids. The title and risk of loss of the goods shall not pass to the County until receipt and acceptance takes place at the FOB point.

FIRM PRICING: For unit price items, all of the items listed are to be on a "per unit" basis, stating a firm price per unit or unit quantity of each item. Bidder must submit a firm price that must be good from the date of bid

opening for a fixed period of time. Unless the Bid expressly states otherwise, this period shall be until the end of the Initial Contract Period. Bids which do not state a fixed price, or which are subject to change without notice, will not be considered. The County may award a contract for the period implied or expressly stated in the lowest and best bid.

ESTIMATED QUANTITIES: The estimated quantity of each item listed in the notice is only an estimate -- the actual quantity to be purchased may be more or less. The County is not obligated to purchase any minimum amount, and the County may purchase any reasonable amount greater than the estimate for the same unit price. Any limit on quantities available must be stated expressly in the bid.

FUNDING: County intends to budget and make sufficient funds available and authorize funds for expenditure to finance the costs of this contract. Bidders understand and agree that the County's payment of amounts under this contract shall be contingent on the County receiving appropriations or other expenditure authority sufficient to allow the County, in the exercise of reasonable administrative discretion, to make payments under this contract.

SALES TAX: Williamson County is by statute, exempt from the State Sales Tax and Federal Excise Tax.

STATEMENTS: No oral statement of any person shall modify or otherwise change, or affect the terms, conditions, plans and/or specifications stated in the various Bid Packages and/or Bid Instructions/Requirements.

DELIVERY: The delivery time and location for the commodity and/or service covered by this bid shall be as stated in the various bid packages.

PURCHASE ORDER: If required by the Williamson County Purchasing Department a purchase order(s) may be generated to the successful bidder for products and/or services. If a purchase order is issued the purchase order number must appear on all itemized invoices and/or requests for payment.

RIGHT TO AUDIT: Bidder further agrees that County or its duly authorized representatives shall, until the expiration of three (3) years after final payment under this Contract, have access to and the right to examine and photocopy any and all books, documents, papers and records of Bidder, which are directly pertinent to the services to be performed and/or goods to be delivered under this Contract for the purposes of making audits, examinations, excerpts, and transcriptions. Bidder agrees that County shall have access during normal working hours to all necessary Bidder facilities and shall be provided adequate and appropriate work space in order to conduct audits in compliance with the provision of this section. County shall give Bidder reasonable advance notice of intended audits.

**PAYMENT:** Payment shall be made by check from the County upon satisfactory completion and acceptance of items and submission of the Invoice to the ordering department for work specified by this Contract Document. All payments owed will be paid no later than thirty (30) days after the goods or services are received OR the date that the invoice is received by the Auditor's Office whichever is later. As a minimum, invoices shall include:

- (1) Name, address, and telephone number of Vendor and similar information in the event the payment is to be made to a different address
- (2) County contract, Purchase Order, and/or delivery order number
- (3) Identification of items or service as outlined in the contract
- (4) Quantity or quantities, applicable unit prices, total prices, and total amount
- (5) Any additional payment information which may be called for by the contract

Payment inquiries should be directed to the Auditor's Office, Accounts Payable Department: Donna Baker, 512-943-1558.

**CONFLICT OF INTEREST:** No public official shall have interest in a contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

As of January 1, 2006 Vendor's are responsible for complying with Local Government Code Title 5, Subtitle C, Chapter 176. Additional information may be obtained from the County website at the following link: <http://www.wilco.org/CountyDepartments/Purchasing/ConflictOfInterestDisclosure/tabid/689/language/en-US/Default.aspx>.

***The Williamson County Conflict of Interest Statement form (attachment A) should be completed, signed, and submitted with your Bid.***

**ETHICS:** The bidder shall not accept or offer gifts or anything of value nor enter into any business arrangement with any employee, official or agent of Williamson County.

**TERMINATION FOR CAUSE:** In the event of breach or default of this contract or any other additional agreement containing terms necessary to ensure compliance with the bidder's bid, Williamson County reserves the right to enforce the performance of this contract or any additional agreement by any manner prescribed by law or deemed to be in the best interest of Williamson County. At Williamson County's sole discretion, the Bidder may be given a reasonable opportunity to cure its breach or default prior to Williamson County's

termination under this provision. Williamson County's option to offer time to cure a default or breach shall, however, in no way be construed as negating the basis for termination for non-performance.

**TERMINATION FOR CONVENIENCE:** Williamson County may terminate this contract and/or any additional agreement containing terms necessary to ensure compliance with the Bidder's bid, for convenience and without cause or further liability, upon thirty (30) days written notice to Bidder. In the event Williamson County exercises its right to terminate without cause, it is understood and agreed that only the amounts due to Bidder for goods, commodities and/or services provided and expenses incurred to and including the date of termination, will be due and payable. No penalty will be assessed for Williamson County's termination for convenience.

**SILENCE OF SPECIFICATIONS:** The apparent silence of these specifications as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement.

**PROPRIETARY INFORMATION:** All material submitted to the County becomes public property and is subject to the Texas Open Records Act upon receipt. If a Bidder does not desire proprietary information in the bid to be disclosed, each page must be identified and marked proprietary at time of submittal. Simply stating that the entire bid is proprietary is not allowed. The County will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

**COMPLIANCE WITH LAWS:** The successful bidder shall comply with all applicable federal, state and local laws and regulations pertaining to the practice of the profession and the execution of duties under this bid including the TEXAS HAZARD COMMUNICATION ACT and THE WILLIAMSON COUNTY HAZARD COMMUNICATION PROGRAM POLICY.

## **WORKERS' COMPENSATION**

This contract contemplates services that do not require worker's compensation insurance coverage. However, if it becomes necessary that the bidder provide services related to the project such as delivering equipment or materials, an amended contract will be executed which fully complies with the Texas Labor Code and the Division of Workers' Compensation requirements.

## BID SPECIFICATIONS

Transportation charges are to be included in the unit price, unless otherwise specified.

Samples are to be provided upon request. Requested samples will be provided within five (5) days from date of request.

The County requires at least a one (1) year expiration date on those products with a limited shelf life where applicable.

Where a brand name is shown, bid the brand name or equal. If substituting a different brand, identify the brand being bid, notate the product/order number to be used in ordering, and provide with bid a catalog or fact sheet (with pictures preferred). Generics are acceptable provided they are equal to the brand requested.

Notate on bid the product number, stock number, or catalog number to be used when product is ordered and indicate how product is shipped (each, dozen, box, case, etc.).

During the contract period if a product is discontinued, the county is to be notified immediately so substitutions or other arrangements can be made.

The County reserves the right to award the bid per item, per group, or a combination of the two.

The County reserves the right to award a primary, secondary, and/or tertiary vendor.

The County will be reviewing any available shelter discount programs offered by pharmaceutical manufacturers.

### **WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER:**

Shipping Address: Williamson County Regional Animal Shelter  
Attn: Cheryl Schneider  
1855 SE Inner Loop  
Georgetown, TX 78626

Billing Address: Williamson County Regional Animal Shelter  
Attn: Cheryl Schneider  
1855 SE Inner Loop  
Georgetown, TX 78626

Point Of Contact: Cheryl Schneider (512) 943-3597

State delivery time after receipt of purchase order\_\_\_\_\_.

For exceptions to stated delivery time, list any products and their delivery time:

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Delivery time shall be a consideration in the evaluation process.

Awarded bidder is to notify the County immediately if a product is not going to be shipped in time to be received by the County in the above stated time frame.

In the event the primary vendor cannot supply the order in the specified time, the County will move to the secondary vendor for the order. If the secondary vendor cannot supply the order in the specified time, the County will move to the tertiary vendor.

**WILLIAMSON COUNTY BID FORM**  
**PHARMACEUTICALS AND SUPPLIES FOR WILLIAMSON COUNTY**  
**REGIONAL ANIMAL SHELTER**  
**BID NUMBER: 12IFB00026**

NAME OF BIDDER: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

**Piggybacking (please refer to pg.3, paragraph 2 under section: miscellaneous of this IFB):**

**Check one of the following options below.** A non-affirmative response will in no way have a negative impact on the County's evaluation of the Bid.

☐ I will offer the quoted prices to all authorized entities during the term of the County's contract.

☐ I will not offer the quoted prices to all authorized entities.

By signing this form:

- The bidder confirms that he/she has read the entire document and agrees to the terms herein.
- The bidder is acknowledging the Conflict of Interest Clause and agrees to follow necessary requirements

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s).

\_\_\_\_\_  
Signature of Person Authorized to Sign Bid

Date of Bid: \_\_\_\_\_

Printed Name and Title of Signer: \_\_\_\_\_

**DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT**

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID**

## BID SPECIFICATIONS

| PRODUCT DESCRIPTION               | DOSE            | UOM              | BRAND OR GENERIC WITH PRODUCT # | QUANTITY 12 mo est. | UNIT PRICE | EXTENDED COST PER EACH/BOX/CASE |
|-----------------------------------|-----------------|------------------|---------------------------------|---------------------|------------|---------------------------------|
| <b>Pharmaceuticals</b>            |                 |                  |                                 |                     |            |                                 |
| Acepromazine injectable 50cc      | 10 mg/ml        | 50 ml bottle     |                                 | 3                   |            |                                 |
| Albon                             | 5%              | 473ml            |                                 | 4                   |            |                                 |
| Amoxicillin Suspension            | 50mg/ml         | 30ml             |                                 | 48                  |            |                                 |
| Atropine Injectable SA 100cc      | 1/120 grain     | 100 ml bottle    |                                 | 12                  |            |                                 |
| Artificial Tears ointment         | 3.5 gm          | tube             |                                 | 6                   |            |                                 |
| Bupivacaine .5%                   |                 | 50 ml bottle     |                                 | 2                   |            |                                 |
| Butorphanol                       | 10mg/ml         | 20ml             |                                 | 12                  |            |                                 |
| Cephalexin capsules               | 250mg           | 500 btl          |                                 | 12                  |            |                                 |
| Cephalexin capsules               | 500mg           | 500 btl          |                                 | 24                  |            |                                 |
| Chlorpheniramine Tab              | 4mg             | 1000 btl         |                                 | 6                   |            |                                 |
| Cipro (ciprofloxacin)             | 250mg           | 100 tab          |                                 | 6                   |            |                                 |
| Cipro (ciprofloxacin)             | 500mg           | 100 tab          |                                 | 6                   |            |                                 |
| Ciprofloxacin ophthalmic solution | .3%             | 5 ml             |                                 | 12                  |            |                                 |
| Clavamox suspension               |                 | 14 ml btl        |                                 | 2                   |            |                                 |
| Clavamox Tab                      | 62.5mg          |                  |                                 | 12                  |            |                                 |
| Clavamox Tab                      | 250mg           |                  |                                 | 6                   |            |                                 |
| Clavamox Tab                      | 375mg           |                  |                                 | 6                   |            |                                 |
| Clindamycin oral PVL              |                 | 20 ml            |                                 | 6                   |            |                                 |
| Cough Tabs                        |                 | 1000/ct          |                                 | 6                   |            |                                 |
| Depomedrol                        | 20mg            | 10ml             |                                 | 3                   |            |                                 |
| Dexamethasone                     | 2 mg/ml         | 100 ml bottle    |                                 | 2                   |            |                                 |
| Dolorex INJ                       | 10mg/ml         |                  |                                 | 6                   |            |                                 |
| Doxycycline tablets               | 100mg           | 500 btl          |                                 | 24                  |            |                                 |
| Doxycycline capsules              | 100mg           | 500 btl          |                                 | 12                  |            |                                 |
| Diazepam                          | 5 mg/ml         | 10 ml vial/bx 10 |                                 | 6                   |            |                                 |
| Diphenhydramine (Benadryl)        | 50mg/ml         | 1000             |                                 | 4                   |            |                                 |
| Dopram (Doxapram) Inj             | 20 mg/ml        | 20 ml            |                                 | 2                   |            |                                 |
| Droncit tablets                   | 23 mg& 34 mg    | bottle           |                                 | 6                   |            |                                 |
| Epinephrine                       | 1/1000          | 30 ml bottle     |                                 | 1                   |            |                                 |
| Erythromycin                      | 1TB 2xdaily     | 500 mg btl       |                                 | 3                   |            |                                 |
| Erythromycin Ophthalmic ointment  | .5%             | 3.5 gram         |                                 | 10                  |            |                                 |
| Famotidine capsules               | 10mg            |                  |                                 | 2                   |            |                                 |
| Famvir (Famciclovir)              | 125,250, 500 mg |                  |                                 | 3                   |            |                                 |
| Fluconazole tablets               | 100 mg          | 30               |                                 | 3                   |            |                                 |
| Fluconazole tablets               | 200 mg          | 30               |                                 | 3                   |            |                                 |
| Frontline Flea Treatment BULK     | BULK            | bottle           |                                 |                     |            |                                 |
| Furosemide                        | 50 mg/ml        | 100 ml bottle    |                                 | 1                   |            |                                 |
| Gentamycin Drops Ophthalmic       | .3%             | 15ml             |                                 | 24                  |            |                                 |
| Heparin                           | 1,000 uts/ml    | 30 ml bottle     |                                 | 2                   |            |                                 |
| Hydromorphone INJ (dilaudid)      |                 |                  |                                 | 2                   |            |                                 |
| Idoxuridine ophthalmic solution   | .1%             | 15ml             |                                 | 6                   |            |                                 |
| Isoflurane                        |                 | 250 ml bottle    |                                 | 30                  |            |                                 |
| Ivermectin oral                   | 10 mg/ml        | 200 ml bottle    |                                 | 1                   |            |                                 |
| Ivermectin Inj                    | 1%              | 500ml            |                                 | 6                   |            |                                 |
| Ketamine                          | 100mg/ml        | 10 ml            |                                 | 170                 |            |                                 |
| Ketaprophen                       | 100mg/ml        | 50ml             |                                 | 6                   |            |                                 |
| Lidocaine 2%                      |                 | 100ml            |                                 | 3                   |            |                                 |
| Lincomed Inj                      | 100mg/ml        | 100 ml           |                                 | 2                   |            |                                 |
| Lixotinic Supplement              |                 | Gallon           |                                 | 2                   |            |                                 |
| Marcaine                          |                 |                  |                                 | 1                   |            |                                 |



| PRODUCT DESCRIPTION                | DOSE     | UOM         | BRAND OR GENERIC WITH PRODUCT # | QUANTITY 12 mo est. | UNIT PRICE | EXTENDED COST PER EACH/BOX/CASE |
|------------------------------------|----------|-------------|---------------------------------|---------------------|------------|---------------------------------|
| Metacam injectable                 | 5mg/ml   | 10 ml       |                                 | 2                   |            |                                 |
| Metacam oral                       | 1.5mg/ml | 32ml        |                                 | 2                   |            |                                 |
| Metoclopramide injectable          | 5 mg/ml  | 30 ml       |                                 | 1                   |            |                                 |
| Metronidazole                      | 250 mg   | 500 tablets |                                 | 1                   |            |                                 |
| Metronidazole                      | 500 mg   | 500 tablets |                                 | 1                   |            |                                 |
| Mirtazapine                        | 15mg     | 30/bottle   |                                 | 6                   |            |                                 |
| Morphine Sulfate                   | 15mg/ml  | 20ml        |                                 | 6                   |            |                                 |
| NeoPolyDex Ointment                |          | Tube        |                                 | 12                  |            |                                 |
| NeoPolyDex Solution                |          | Bottle      |                                 | 12                  |            |                                 |
| Otomax                             |          |             |                                 | 3                   |            |                                 |
| Otomax – Mometamax                 |          | Bottle      |                                 | 3                   |            |                                 |
| Ponazuril                          | 90mg/ml  | Bottle      |                                 | 12                  |            |                                 |
| Panacure suspension                | 10%      | 1000ml      |                                 | 5                   |            |                                 |
| Panolog ointment                   |          | 240 ml      |                                 | 1                   |            |                                 |
| Penicillin G penject               |          | 250ml       |                                 | 3                   |            |                                 |
| Prednisone                         | 20mg     | 100tab      |                                 | 6                   |            |                                 |
| Pyrantel Pamoate                   |          | gallon      |                                 | 6                   |            |                                 |
| Povidine iodine solution           |          | gallon      |                                 | 1                   |            |                                 |
| Quadrilotrop Ointment              |          | 240 ml      |                                 | 6                   |            |                                 |
| Reglan INJ                         |          | 30ml        |                                 | 3                   |            |                                 |
| Ringers solution/Dextrose          |          | 500ml bag   |                                 | 3                   |            |                                 |
| Ringers solution                   |          | 500ml bag   |                                 | 3                   |            |                                 |
| Rimadyl or generic                 | 25 mg    | 60 count    |                                 | 1                   |            |                                 |
| Rimadyl or generic                 | 75 mg    | 60 count    |                                 | 2                   |            |                                 |
| Rimadyl or generic                 | 100 mg   | 60 count    |                                 | 3                   |            |                                 |
| Propylene glycol USP               | 99%      | gallon      |                                 | 2                   |            |                                 |
| Rutin Powder                       |          |             |                                 | 2                   |            |                                 |
| Rutin tabs                         | 500mg    |             |                                 | 24                  |            |                                 |
| Sulfur Lime Dip                    |          | bottle      |                                 | 12                  |            |                                 |
| Telazol INJ                        | 100mg/ml | 5ml         |                                 | 10                  |            |                                 |
| Terramycin Ophthalmic Ointment     |          | 1/8 oz      |                                 | 4                   |            |                                 |
| Torbugesic inj                     | 10 mg/ml | 10 ml       |                                 | 10                  |            |                                 |
| Tramadol Inj                       | 50mg/ml  | 1ml         |                                 | 3                   |            |                                 |
| Tramadol tablets                   | 50mg     | 500         |                                 | 6                   |            |                                 |
| Valerian Root tabs                 |          |             |                                 | 24                  |            |                                 |
| Vetalog Parenteral                 | 2mg/ml   | 25 ml       |                                 | 2                   |            |                                 |
| Vibramycin drops                   |          |             |                                 | 24                  |            |                                 |
| Vitamin B complex, Inj             |          |             |                                 | 2                   |            |                                 |
| Yohimbine (Yobine)                 | 2mg/ml   | 20ml        |                                 | 6                   |            |                                 |
| Xylazine, 100mg/ml                 | 100mg    | 50 ml btl   |                                 | 24                  |            |                                 |
| Xylazine, 20mg/ml                  | 20mg     | 20 ml btl   |                                 | 1                   |            |                                 |
|                                    |          |             |                                 |                     |            |                                 |
|                                    |          |             |                                 |                     |            |                                 |
| <b>VACCIINES</b>                   |          |             |                                 |                     |            |                                 |
| Bordetella Intranasal              |          | 25 dose     |                                 | 120                 |            |                                 |
| DA2PP                              |          | 25 dose     |                                 | 120                 |            |                                 |
| FVRCP                              |          | 25 dose     |                                 | 120                 |            |                                 |
| Rabies 3yr                         |          | 50 dose     |                                 | 60                  |            |                                 |
|                                    |          |             |                                 |                     |            |                                 |
|                                    |          |             |                                 |                     |            |                                 |
| <b>TESTS</b>                       |          |             |                                 |                     |            |                                 |
| Canine Heartworm IDEX Snap tests   |          | 25 box      |                                 | 120                 |            |                                 |
| Canine Parvo Snap tests            |          | 5 box       |                                 | 12                  |            |                                 |
| Canine Heartworm Rapid Test ABAXIS |          | 100/box     |                                 | 35                  |            |                                 |



| PRODUCT DESCRIPTION                      | DOSE | UOM    | BRAND OR GENERIC WITH<br>PRODUCT # | QUANTITY<br>12 mo est. | UNIT<br>PRICE | EXTENDED COST<br>PER<br>EACH/BOX/CASE |
|--|------|--------|------------------------------------|------------------------|---------------|---------------------------------------|
| Canine Parvovirus Rapid Test             |      | 10/box |                                    | 12                     |               |                                       |
| FELV Snap Tests                          |      | 30 box |                                    | 50                     |               |                                       |
| FEIV/FIV/HW feline combo tests           |      | 30 box |                                    | 50                     |               |                                       |
| Fecatect or ova-sol fecal float solution |      | gallon |                                    | 3                      |               |                                       |
|  |      |        |                                    |                        |               |                                       |
| Schirmer Tear Tests                      |      |        |                                    | 2                      |               |                                       |
|  |      |        |                                    |                        |               |                                       |
|  |      |        |                                    |                        |               |                                       |
|  |      |        |                                    |                        |               |                                       |

**TOTAL**    \$ \_\_\_\_\_  
 \_\_\_\_\_

## ATTACHMENT A



### WILLIAMSON COUNTY CONFLICT OF INTEREST STATEMENT

I hereby acknowledge that I am aware of the Local Government Code of the State of Texas, Section 176.006 regarding conflicts of interest and will abide by all provisions as required by Texas law.

**Printed name of person submitting form:**

**Name of Company:**

**Date:**

**Signature of person submitting form:**

Notarized:

**Sworn and subscribed before me**  
**by:** \_\_\_\_\_

**on** \_\_\_\_\_  
**(date)**

# Williamson County Inner Loop Annex

## Address:

**301 SE Inner Loop  
Georgetown, TX 78626**

## Directions:

### From South (Austin, Round Rock)

Take IH-35 Northbound

Exit 259

Stay on frontage road for approximately 2 miles

At stop sign, go right on Inner Loop

Just past Snead Drive, the Inner Loop Annex is on the left

Main entrance is on the side of the building by the flagpoles

### From North (Georgetown, Jarrell)

Take IH-35 Southbound

Exit 259

At stop sign, go left under the overpass

At stop stay straight onto Inner Loop

Just past Snead Drive, the Inner Loop Annex is on the left

Main entrance is on the side of the building by the flagpoles

