



## Summary Agreement for Renewal of Williamson County Contract

<b>Purchase/Contract Type:</b>	Commodity	<b>Department:</b>	Animal Shelter
<b>Vendor Name:</b>	Animal Health International		
<b>Vendor Address:</b>	10300 Metric Blvd, Suite 300, Austin, Texas 78758		
<b>Purpose/Intended Use of Product or Service (summary):</b>			
Pharmaceuticals & Supplies, Secondary Vendor.			
<b>P.O./Contract Number:</b>	15IFB119	<b>Effective Date:</b>	07/01/2016
<b>Purchaser/Contract Specialist:</b>	Sydney Richardson	<b>Expiration Date:</b>	06/30/2017
<b>Requested By:</b>	Cheryl Snyder, Department Director		
<b>Detailed description of renewal of product and/or service.</b>			
<ul style="list-style-type: none"> <li>Williamson County wishes to extend this bid/proposal for the same pricing, terms and conditions as the existing contract.</li> <li>PLEASE INCLUDE THE FOLLOWING: <ul style="list-style-type: none"> <li>- COMPLETED 1295 FORM; AND</li> <li>- RENEWED INSURANCE CERTIFICATE IF IT WAS REQUIRED IN BID/PROPOSAL.</li> </ul> </li> <li>Extend Contract for 1st of two (2) one (1) year renewal option periods:</li> </ul>			
Renewal Option Period 1		July 1, 2016 – June 30, 2017	
Initial Contract Period		July 1, 2015 – June 30, 2016	
<b>BY SIGNING BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN</b>			
Vendor	Animal Health International / Patterson		
	Williamson County, 710 Main St., Georgetown, TX 78626		
Name	Danielle Armstrong		
	Dan A. Gattis		
Title	OSR		
	Williamson County Judge		
Signature			
Date	5/2/16		
	06-09-2016		



### WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

I hereby swear, affirm and represent to Williamson County that my signature below represents that I am authorized to bind the bidder/proposer to fully comply with the pricing, terms and conditions for the Contract listed below and any extension thereof, if applicable.

Note: If Signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a Power of Attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the contract or renewal.

<b>Contract Number:</b>	15IFB119
<b>Contract Name:</b>	Pharmaceuticals & Supplies
<b>Printed Name of Person Submitting Affidavit:</b>	Danielle Armstrong
<b>Name of Company:</b>	Animal Health International
<b>Date:</b>	May 2, 2016
<b>Signature of Person Submitting Affidavit:</b>	

On this, the 2nd day of MAY, 2016, before me a notary public, the undersigned officer, personally appeared DANIELLE ARMSTRONG known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

