

**BRENT LAMBERT**  
*Mayor*

**JACKY CAGLE**  
*Councilmember*

**BRIAN WILLIAMS**  
*Councilmember*



**LARRY SEWELL**  
*Vice Mayor*

**ESTHER HELTON**  
*Councilmember*

**J. SCOTT MILLER**  
*City Manager*

## **City of East Ridge**

*1517 Tombras Avenue  
East Ridge, Tennessee 37412  
(423) 867~7711*

### **REQUEST FOR PROPOSALS**

The City of East Ridge invites interested parties to submit sealed proposals for veterinary services for the City's Animal Services Department. Sealed proposals will be accepted until Monday, July 2, 2018, at 4:00 p.m. Proposals received after the deadline will not be considered. Clearly mark on the outside of the envelope "RFP Veterinary Services." Submit proposals to Kenny Custer, Director of Community Services, 1517 Tombras Avenue, East Ridge, TN 37412. Specifications may be obtained at East Ridge City Hall, or at [eastridgetn.org](http://eastridgetn.org). No faxed or emailed proposals will be considered. The City reserves the right to reject any and all proposals and to waive informalities and minor irregularities in any proposal, and to choose a vendor, which in the opinion of the City, will best serve the interests of the City.

**REQUEST FOR SEALED PROPOSALS  
TO PROVIDE VETERINARY SERVICES  
FOR THE CITY OF EAST RIDGE, TENNESSEE  
JUNE 20, 2018**

**DUE DATE: JULY 2, 2018, 4:00 PM**

**GENERAL INFORMATION**

The City of East Ridge (City) invites interested parties to submit **SEALED PROPOSALS** for Veterinary Services for the City's Animal Services Department. Sealed proposals will be received until 4:00 p.m., July 2, 2018. Submissions received after the deadline will not be considered. All materials submitted in the proposal become the property of the City and will not be returned. Any proposal may be withdrawn prior to the scheduled time that proposals are due.

The purpose of this Request for Proposals (RFP) is to solicit proposals from qualified Clinics interested in providing veterinary services for the City. The City may not necessarily proceed with an award based on the initial proposals received and reserves the right to discuss contents of such proposals to obtain additional information and to negotiate changes in the proposals.

Any questions or requests for additional information concerning this Request for Proposal (RFP) should be submitted by fax or e-mail on or before July 2, 2018 to:

Kenny Custer  
Director of Community Services  
423-867-7711  
423-867-7340 fax  
[kcuster@eastridgetn.gov](mailto:kcuster@eastridgetn.gov)

Proposals should be mailed or hand delivered to:

City of East Ridge  
Attn: Kenny Custer  
1517 Tombras Avenue  
East Ridge, TN 37412

The submitter shall be responsible for timely delivery of the proposal. Mailed and hand-delivered proposals should be labeled "RFP Veterinary Services." Each submitter shall provide an original and five (5) copies of their proposal.

## **SCOPE OF SERVICES**

### ***Site of Work***

The contractor's business herein shall be referred to as the "Clinic," shall be physically located within ten (10) miles of 1015 Yale Street, East Ridge, Tennessee

### ***Description of Work***

This work shall consist of furnishing part-time veterinary services to East Ridge Animal Services. The veterinary services are to include evaluating and treating ill and injured pets and companion animals that are brought in to the veterinary facility by Animal Services Officers and one weekly visit to the shelter for observation of herd health (see below for detailed description).

### ***Background***

East Ridge Animal Services is located at 1015 Yale Street, East Ridge, Tennessee. As a division of Community Services, it is responsible for controlling animals, both pets and others, that reside within the City Limits of East Ridge. East Ridge Animal Services is a full-spectrum animal services department. They are responsible for the capture and care of stray, sick, injured, vicious and deceased companion animal as well as sick or injured wildlife.

It is the intent of the City of East Ridge to request proposals for the following services:

### ***Veterinarian Services***

The clinic will provide veterinarian services on a periodic basis as needed when the animal is brought to the veterinary facility. There may be the need for occasional telephone consultations.

Veterinarian services may include, but are not limited to, examining all animals, diagnosing and treating sick or injured animals, providing guidance to staff on follow-up treatment, occasional euthanasia, and advice to shelter staff concerning the care and treatment of sick or injured animals. All treatment, diagnosis, medication prescription, etc. are to be documented and provide to ERAS staff.

The Clinic should provide weekly, non-emergency care at the shelter for individual animals or the general shelter population. Visits to East Ridge Animal Services should not exceed more than two (2) hours a week on average, unless otherwise agreed upon by both parties. Weekly visits will be scheduled for a mutually agreeable days and times.

### ***Professional Assistance for Cruelty/ Neglect Investigations***

The clinic must provide professional evaluation and advice to Animal Services Staff concerning the medical and health conditions of animals suspected to be the object of cruelty or neglect. This may, by necessity, require prompt office visits by a licensed veterinarian. Court testimony may also be required.

### ***Co-Sign for the Shelter's Controlled Drugs***

The Clinic must be licensed to act as a co-signer for the purchase of controlled drugs, other than euthanasia solutions, at the Shelter. The Animal Services Supervisor maintains a DEA license for the purchase and use of the euthanasia solution. Contractor must maintain the license on file with Animal Services.

### ***Training of Shelter Staff***

The Clinic agrees to provide training to the Animal Services Staff in the areas of animal first aid, vaccinations, neglect, infectious diseases control, herd health, as well as other areas, when necessary.

### ***Assisting with Shelter Protocol Development***

The Clinic agrees to assist with protocol editing and development where needed.

### ***Community Outreach***

Assist Animal Services Staff with community vaccination clinics.

### ***Hours of Service***

The Clinic agrees to provide routine care during the Clinic's regular business hours. The Clinic must also be accessible to provide services for a minimum of forty-five (45) hours per week.

## **SPECIAL TERMS AND CONDITIONS**

### ***Minimum Requirements of Offeror***

Proposals will only be accepted from:

1. Veterinarians licensed to practice in the State of Tennessee
2. Veterinarians with Licensed Veterinary Technician(s) on staff
3. Veterinarians with on-site diagnostic capabilities
4. Veterinarians with on-site surgical suites

### **Required Information**

1. Offeror must maintain and provide proof of professional liability insurance in the amount of \$1,000,000. A certificate of insurance shall be provided to the City at each renewal of this agreement.

2. Offeror must provide a list of local client references containing three (3) current clients and three (3) previous clients.
3. Offeror must provide the City information pertaining to the selection, training and certification of its staff, in addition to details pertaining to the organization of offeror's company.
4. Offeror must clearly define the proposed treatments under the agreement, including any and all costs which might be incurred by the City, should the proposal be accepted.

### ***EVALUATION CRITERIA***

Proposals will be evaluated based upon the responsiveness to this Request for Proposals, qualifications, experience, abilities, proposed work plan, proposed schedule, proposed fees/ charges for services, references, and other factors that the selection team deems relevant. A panel made up of City staff and advisors will evaluate the proposals for the purpose of selecting an individual/ group/ company for interviews at a later date. The City will determine the size and composition of the selection committee as part of the selection process. The City reserves the right to award a contract to any proposer or to reject all proposals.

### ***AWARDS OF CONTRACT***

The City reserves the right to award a part of the veterinary services to one Offeror, and a part to another, if that arrangement is deemed to be most advantageous in the discretion of the City.

Notwithstanding any other provision of the Request for Proposals, the City expressly reserves the right to:

- a. Waive any immaterial defect, informality, or technicality, or
- b. Reject any or all proposals, or portions thereof,
- c. Reissue a Request for Proposals (RFP), or
- d. Cancel the Solicitation.

### **CONTRACT**

#### ***COSTS OF SERVICES***

The Clinic shall compute and provide the cost of various veterinary services for each treatment offered. Clinic must complete the attached "Appendix A" – Pricing Schedule/Authorization and Contact Information.

## ***EXCEPTIONS***

Any desired exceptions taken to the *Terms and Conditions* or *Specifications* of this RFP, must be included in the proposal and must clearly address the specific RFP paragraph where a conflict exists.

## ***EMPLOYMENT***

The Clinic shall affirm that it does not subscribe to any personnel policy which permits or allows for the promotion, demotion, dismissal or laying off of any individual due to his/her race, creed, color, national origin, age, sex or handicapped status.

## ***CONFLICT OF INTEREST***

The City reserves the right at any time to preclude offering a work assignment to a Clinic should a real or potential conflict of interest exist, as determined by the City.

## ***LICENSURE***

During the term of this agreement, Clinic shall, at all times, continue to maintain in good standing its licensure as a Clinic in the State of Tennessee.

## ***INDEMNIFICATION***

The Clinic shall agree to indemnify and hold the City, its officers, agents and/or employees harmless from and against any and all liability, loss, damages, cost and expenses, including court costs and attorneys' fees, by reason of any claim and/or liability which may arise from and during operations under this contract.

## ***OFFER AND ACCEPTANCE PERIOD***

Proposals are irrevocable offers for ninety (90) days following the opening time and date of the proposal.

## ***PROCUREMENT FROM OTHER SOURCES***

The City reserves the right to procure services covered by the resultant contract(s) from other sources when the City determines it is in its best interest to do so.

High volume sterilization may be bid separately.

## ***CANCELLATION***

If the Clinic fails to fulfill, in a timely and proper manner, its obligations under this contract, or if it should violate any of the terms of this contract, the City shall have the right to immediately terminate the contract and withhold payments that are in excess of fair compensation for work completed. The term "breach of agreement" specifically includes, but is not limited to, failure to

comply with any applicable federal, state, or local laws or regulations. Notwithstanding the above, the Clinic shall not be relieved of any liability to the City for damages sustained by virtue of any breach by the Clinic, either prior to, or following any cancellation.

### ***CONTRACT TERMINATION***

Either party hereto may terminate this agreement upon sixty (60) calendar days written notice of such termination to the other party.

### ***CONFIDENTIALITY***

The Clinic acknowledges that information disclosed to it concerning the City's operations during performance of the contract is confidential and/or proprietary to the City, and shall not be disclosed to third parties without the City's prior written consent.

The Clinic further acknowledges that some information concerning animals in the City's care may be confidential, and such confidential information shall not be disclosed to third parties without the City's prior written consent.

### ***COMPLIANCE WITH LAWS***

Clinic agrees to comply with any and all applicable federal, state and local laws and regulations.

### ***CONTRACT TERM***

The term of any resultant contract shall be for a period of one year, unless terminated, canceled or extended as otherwise provided herein. The City shall have the option to extend the contract for one (1) year.

### ***NOTICES***

Notices to the City concerning any matter under this Contract shall be sent to:

Kenny Custer  
Director of Community Services  
423-867-7711  
[kcuster@eastridgetn.gov](mailto:kcuster@eastridgetn.gov)

**APPENDIX A – ERAS PRICING SCHEDULE**

For any services or medications not outlined below, prices will be pre-determined and agreed upon by both parties.

**Section 1: Visits/Consultations**

Item Number	Item Description	Estimated Quantity	Unit Price	Unit of Measure
1	<p><b>Shelter Visits:</b> To provide veterinary care examinations and treatment to shelter pets once a week. The visit shall include no more than a two (2) hour visit for examination, prescription, diagnosis/ recommendation and rabies vaccination of City owned dogs and cats. There will be no additional fees for follow-up phone consultation with ERAS staff regarding animals seen during visit. Visits shall include trip fees all inclusive. Should the Clinic Veterinarian stay longer than the two (2) hour maximum, please indicate cost per hour.</p>	1 visit per week	\$ _____ 2 hour maximum	Per visit
2	<p><b>Office Visits and Exam Services:</b> For animals in the custody of ERAS in need of medical treatment on non-veterinary visit days. ERAS staff shall bring the animal to the Clinic's office.</p>	10-15 per month on average	\$ _____ Office Visit and Exam	Per Visit
3	<p><b>Phone/ In-person Consultation:</b> Provide consultation by a licensed veterinarian and/ or technician, when appropriate to ERAS staff via phone or in person regarding shelter medicine, Animal Services case work, disease prevention, etc. Phone consultation charges do not include follow up guidance regarding a previously treated animal unless the animal presents with an unrelated symptom or requires a new diagnosis.</p>	5 per month	\$ _____ Per 15 minutes	Per 15 minute intervals



**Section 2: Additional Lab Testing and Diagnostics**

1	Mini Blood Panel	1	\$_____	Per panel
2	Full Blood Panel	1	\$_____	Per panel
3	Skin Scrape	1	\$_____	Each
4	Ear Cytology	1	\$_____	Each
5	4DX/ Combo Testing	1	\$_____	Each
6	Urinalysis with Specific Gravity	1	\$_____	Each
7	Fecal Sample (laboratory)	1	\$_____	Each
8	Radiographs	1	\$_____	Each
9	Fungal Culture	1	\$_____	Each

**Section 3: Additional Routine and Emergency Procedures – to include anesthesia**

1	Abscess/ Wound Care	1	\$_____	Each
2	Sedated Clip/ Groom	1	\$_____	Each
3	Subcutaneous Fluids	1	\$_____	Each
4	Laceration Repair (High and Low)	1	\$_____	Each
5	Mass Removal (High and Low)	1	\$_____	Each
6	Fracture Repair	1	\$_____	Each
7	Hernia Repair	1	\$_____	Each
8	Cherry Eye Surgery	1	\$_____	Each
9	Eye Enucleation	1	\$_____	Each
10	Limb Amputation	1	\$_____	Each
11	Rabbit Spay/ Neuter	1	\$_____	Each
12	Guinea Pig Spay/ Neuter	1	\$_____	Each
13	Pig Spay/ Neuter	1	\$_____	Each
14	Feline Dental with Extraction	1	\$_____	Each

15	Feline Dental without Extraction	1	\$_____	Each
16	Canine Dental with Extraction	1	\$_____	Each
17	Canine Dental without Extraction	1	\$_____	Each
18	Euthanasia (1-25 pounds)	1	\$_____	Each
19	Euthanasia (26-50 pounds)	1	\$_____	Each
20	Euthanasia (50+ pounds)	1	\$_____	Each
21	Euthanasia (wildlife)	1	\$_____	Each
22	Decapitation for Rabies Testing	1	\$_____	Each
23	Heartworm Treatment (Immiticide)	1	\$_____	Each

**Section 4: Prescription Medications – generic medication requested when possible** (Provide a stock of medication frequently used to treat common shelter illnesses)

1	Acepromazine	1	\$_____	PRN
2	Albon	1	\$_____	PRN
3	Amoxicillin	1	\$_____	PRN
4	Animax	1	\$_____	PRN
5	Baytril	1	\$_____	PRN
6	Betagen Spray	1	\$_____	PRN
7	Cephalexin	1	\$_____	PRN
8	Cerenia	1	\$_____	PRN
9	Cestex	1	\$_____	PRN
10	Clavamox	1	\$_____	PRN
11	Dexacidin	1	\$_____	PRN
12	Doxycycline	1	\$_____	PRN
13	Drontal	1	\$_____	PRN
14	FortiFlora	1	\$_____	PRN

15	Guaifenesin	1	\$ _____	PRN
16	Ivermectin	1	\$ _____	PRN
17	Metacam	1	\$ _____	PRN
18	Metronidazole	1	\$ _____	PRN
19	Nizoral	1	\$ _____	PRN
20	Neo Predef Powder	1	\$ _____	PRN
21	Panacur	1	\$ _____	PRN
22	Otomax	1	\$ _____	PRN
23	Prednisone	1	\$ _____	PRN
24	Rimadyl	1	\$ _____	PRN
25	Terramycin	1	\$ _____	PRN
26	Tramadol	1	\$ _____	PRN
27	Dispense Fee	1	\$ _____	Each

**AUTHORIZATION AND CONTACT INFORMATION:**

CLINIC NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_