

COLUMBUS CONSOLIDATED GOVERNMENT ANNUAL CONTRACT ROUTING MEMORANDUM

DATE: November 18, 2020

SUBJECT: Veterinary Services (Annual Contract); RFB No. 20-0056

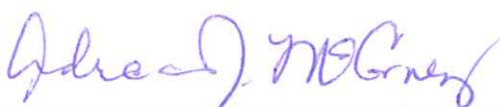

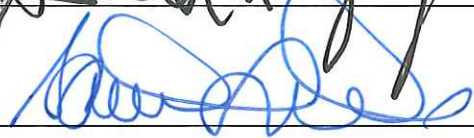

FROM: Patti Postorino, Purchasing Division

Please route for appropriate signatures, the copy of the attached contract with Dr. Henry J. (Hank) Hall, Doctor of Veterinary Medicine (DVM) (Hamilton, GA). Dr. Hall will provide veterinary services at the Columbus Animal Control and Care Center (ACCC).

The term of this contract shall be for two (2) years with the option to renew for three (3) additional twelve-month periods. Contract renewal is contingent upon the mutual agreement of the City and the Contractor.

Funds are budgeted each fiscal year for this on-going expense: General Fund – Public Works – Special Enforcement – Veterinary Services; 0101-260-2400-SPCL-6339.

Council authorized this contract per Resolution No. 368-20, dated November 10, 2020 (copy is attached).

Signatories	Signatures Required (<i>No initials please</i>)	Date
Purchasing Division Manager Signature of Approval		11/18/20
City Attorney: Signature required on Contracts	Form Approved. Cef, City Attorney	11/18/20
City Manager: Signature required on Contracts		11/19/20
Clerk of Council: Signature Required on Contracts & Attest/Seal		11-24-2020
Buyer: Process / Distribute		11-30-2020

After all signatures have been applied, please contact Purchasing Division (ext - 3070) for distribution.

CONTRACT

THIS CONTRACT, executed this 30TH day of November 2020, by and between the **Consolidated Government of Columbus, Georgia**, hereinafter called the "City", and **Dr. Henry J. (Hank) Hall, Doctor of Veterinary Medicine (DVM)** (Hamilton, GA), hereinafter called the "Contractor".

WITNESSETH:

That in consideration of the mutual covenants, obligations, and terms set-forth in the attached proposal and specifications, the parties hereby agree as follows:

1. That the Contractor met all proposal requirements and was evaluated most responsive for providing **Veterinary Services (Annual Contract)**, per **RFB No. 20-0056**, and was awarded the Contract by Columbus City Council on Tuesday, November 10, 2020, Resolution No. 368-20, for the contract term of two years, beginning December 1, 2020 through November 30, 2022, for furnishing the same in accordance with the specifications prepared by the City and the proposal of the Contractor.

2. The Contractor will, at its own cost and expense, furnish all tools, materials and labor required to be furnished, provide all related services required, and meet all other requirements or conditions imposed, all strictly in accordance with the Contractor's Business Requirements, the City's Request for Bids, dated October 28, 2020 (and all addenda thereto), the Contractor's bid dated February 12, 2020 and the proposal clarification documents which are attached hereto as exhibits "A", "B", "C" and "D" respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.

3. On the faithful performance of this Contract by the Contractor, the City will pay the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.

FORM 5

CONTRACT SIGNATURE PAGE
VETERINARY SERVICES (ANNUAL CONTRACT)
RFB No. 20-0056

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Consolidated Government of Columbus, Georgia:

Witness as to the signing of the contract

Witness as to the signing of the contract

(Corporate seal, if applicable)

Henry J. Hall DVM 10-19-20
Signature of Authorized Representative Date

HENRY J. HALL, DVM
Print Name and Title of Signatory

Company Name

Company Ordering Address

Columbus Animal Control
4910 Milgen Rd Columbus, GA 31907
Contact Lara Nelsh / Contreras Roman
Email animalcontrol@columbusga.org
Telephone (706) 653-4512
Fax (706) 225-4974

Company Payment Address

Dr. Henry Hall
161 Four Lot Rd Hamilton, GA 31811
Contact Dr Henry Hall
Email sandy31811@gmail.com
Telephone (706) 544-6561
Fax None

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this 19th day of November 2020

Isaiah Hugley #1
Isaiah Hugley, City Manager

ATTEST:

Sandra T. Davis
Sandra T. Davis, Clerk of Council

APPROVED AS TO LEGAL FORM:

Clifton C. Fay
Clifton C. Fay, City Attorney

EXECUTION AUTHORIZED

By Resolution No. 368-20

Sandra T. Davis
Clerk of Council

RESOLUTION

NO. 368-20

A RESOLUTION AUTHORIZING THE ANNUAL CONTRACT FOR VETERINARY SERVICES WITH DR. HENRY J. HALL, DVM (HAMILTON, GA), IN THE AMOUNT OF \$125.00 PER HOUR, NOT TO EXCEED \$1,200 PER MONTH, AS WELL AS, THE PROVISION OF DRUGS AND OTHER MEDICAL SUPPLIES, ON AN "AS NEEDED" BASIS, FOR THE ESTIMATED ANNUAL CONTRACT VALUE OF \$20,000.00 PER YEAR.

WHEREAS, the veterinarian will make three visits a week and provide professional advice to kennel personnel as it relates to caring for, or the euthanasia of injured or sick animals on a weekly basis; and,

WHEREAS, drugs and other medical supplies will be administered to the animals as needed; and,

WHEREAS, the contract term will be for two years with the option to renew for three additional twelve-month periods. Contract renewal is contingent upon the mutual agreement of the Contractor and the City.

NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA, HEREBY RESOLVES AS FOLLOWS:

That the City Manager is hereby authorized to enter into a annual contract for veterinary services with Dr. Henry J. Hall, DVM (Hamilton, GA), in the amount of \$125.00 per hour, not to exceed \$1,200 per month, as well as, the provision of drugs and other medical supplies, on an "as needed" basis, for the estimated annual contract value of \$20,000.00 per year. Funds are budgeted each fiscal year for this ongoing expense: General Fund - Public Works - Special Enforcement – Veterinary Services; 0101-260-2400-SPCL-6339.

NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA, HEREBY RESOLVES AS FOLLOWS:

That the City Manager is hereby authorized to execute an annual contract with MetroCount (Fulton, MD) for the provision of roadside traffic counters/recorders to the Traffic Engineering Division on an "as needed" basis. Funds are budgeted each fiscal year for this ongoing expense: Paving Fund - Engineering – Highways and Roads – Capital Expend – Under \$5,000; 0203-250-2200-ROAD-7763.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 10th day of November, 2020 and adopted at said meeting by the affirmative vote of eight members of said Council.

Councilor Allen	voting	<u>YES</u>
Councilor Barnes	voting	<u>YES</u>
Councilor Crabb	voting	<u>ABSENT FOR VOTE</u>
Councilor Davis	voting	<u>YES</u>
Councilor Garrett	voting	<u>YES</u>
Councilor House	voting	<u>YES</u>
Councilor Huff	voting	<u>YES</u>
Councilor Thomas	voting	<u>ABSENT</u>
Councilor Tucker	voting	<u>YES</u>
Councilor Woodson	voting	<u>YES</u>

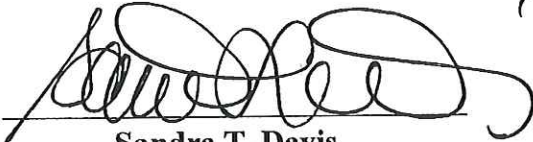


Sandra T. Davis
Clerk of Council
B.H. "Skip" Henderson, III
Mayor

EXHIBIT A

Columbus Consolidated Government

Veterinary Services (Annual Contract)

RFB No. 20-0056

Business Requirements

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Henry J. Hall

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=S corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
161 Four Lor Road

6 City, state, and ZIP code
Hamilton Georgia 31811

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

OR

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Henry J. Hall DM** Date **10-20-20**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.

Cat. No. 10291X

Form W-9 (Rev. 10-2018)

Check for imported payees with non-matching TIN data and verify new payees

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the correct TIN data.

Sovos can take care of your mismatched TINs & B-Notices

Sovos offers the ability to automatically mail the appropriate forms to your mismatched payees and request corrected information. The responses come directly to you, and the W-9/B-Notice solicitations are saved for your reference in File Manager. Depending on your subscription, additional fees may apply.

[Print & Mail W-9 Solicitations](#)[Print & Mail B-Notices](#)

The W9 Solicitation button has been disabled as you have already sent your solicitations.

Mismatched Records

TIN	Name
Download	

Individual TIN Lookup

Verify individual Payee Social Security and Employer ID numbers.

Name: TIN: [Verify Payee](#)**TIN Status: PASS****OFAC Check: PASS****DMF Check: PASS**[Download](#)[Back to Home](#)



HARRIS COUNTY BOARD OF COMMISSIONERS
DEPARTMENT OF COMMUNITY DEVELOPMENT
CERTIFICATE OF OCCUPATIONAL TAX

20-1016

PAID 2020

Dr. Hank Hall

Henry Joseph Hall

ISSUED TO:

Business Name

Applicant/Owner

161 Four Lot Road

161 Four Lot Road

Mailing Address

Hamilton, Georgia 31811

Location

Hamilton, Georgia 31811

City, State Zip

706-577-6561

City, State Zip

7/23/2020

Phone

Original Date of Issue

Number of Employees 1

Tax Paid \$50.00

Date 7/23/2020

Mobile Veterinarian Services - Home Office

Dominant Line

Resort 016A 001 L067

Per Zoning Ordinance, Article V, Section 12

Zone

Restrictions

Residential Home Occupation

Issuing Official

NOTICE:

The 2021 Occupational Tax is due November 15, 2020. If paid after January 1, 2021, a delinquent penalty of 10%, in addition, interest shall accrue on delinquent occupational taxes at a rate of 1.5% per month and shall be assessed to the practitioner or business liable for the delinquent taxes. If the number of employees has changed, please verify with documentation and present at this office. Harris County Department of Community Development. Mail to: P.O. Box 689, Hamilton, Georgia 31811. Office location: 125 Barnes Mill Road, Phone (706) 628-4700



PROFESSIONAL LICENSING

GEORGIA SECRETARY OF STATE BRAD RAFFENSPERGER

CORPORATIONS • ELECTIONS • LICENSING • CHARITIES

Licensee Details

Licensee Information

Name: Henry Joseph Hall

Address: 161 Four Lot Road

Hamilton GA 31811

Primary Source License Information

Lic #:	VET001750	Profession:	Veterinary Medicine	Type:	Veterinarian
Secondary:		Method:	Application/Examination	Status:	Active
Issued:	1/29/1976	Expires:	12/31/2020	Last Renewal Date:	12/18/2018

Associated Licenses

No Prerequisite Information

Public Board Orders

Please see Documents section below for any Public Board Orders

Other Documents

No Other Documents

Data current as of: October 8, 2020 16:0:54

This website is to be used as a primary source verification for licenses issued by the Professional Licensing Boards. Paper verifications are available for a fee. Please contact the Professional Licensing Boards at 844-753-7825.



237/656
1:3
HALL, HENRY JOSEPH
161 FOUR LOT RD
HAMILTON, GA 31811-4103



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH7956684	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	10-05-2018
HALL, HENRY JOSEPH 161 FOUR LOT RD HAMILTON, GA 31811-4103		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

oim DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH7956684	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	10-05-2018
HALL, HENRY JOSEPH 161 FOUR LOT RD HAMILTON, GA 31811-4103		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY,

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FH7956684</td> <td>10-31-2021</td> <td>\$731</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N, 3,3N,4,5</td> <td>PRACTITIONER</td> <td>10-05-2018</td> </tr> </table> <div style="border: 1px solid black; padding: 5px;"> HALL, HENRY JOSEPH 161 FOUR LOT RD HAMILTON, GA 31811-4103 </div>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FH7956684	10-31-2021	\$731	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N, 3,3N,4,5	PRACTITIONER	10-05-2018	<div style="text-align: center;"> CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537 </div> <p style="margin-top: 20px;">Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p>
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID											
FH7956684	10-31-2021	\$731											
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE											
2,2N, 3,3N,4,5	PRACTITIONER	10-05-2018											

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); padding: 5px;">Form DEA-223/511 (9/2016)</div> <div style="margin-left: 20px; text-align: center;"> <h2 style="margin: 0;">REPORT CHANGES PROMPTLY</h2> </div> </div>	<div style="text-align: center;"> REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE </div> <p>To request a change to your registered name, address, the drug schedule or the drug codes you handle, please</p> <ol style="list-style-type: none"> 1. visit our web site at deadiversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9639 - or 3. submit your change(s) in writing to: <div style="text-align: center; margin-top: 5px;"> Drug Enforcement Administration P.O. Box 2639 Springfield, VA 22152-2639 </div> <p style="margin-top: 10px;">See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.</p>
---	--

----- You have been registered to handle the following chemical/drug codes: -----

VENDOR INFORMATION REGARDING
GEORGIA SECURITY AND IMMIGRATION COMPLIANCE
and

House Bill 87, also known as,
The Illegal Immigration Reform and Enforcement Act of 2011

Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

All contractors must complete the attached “CONTRACTOR AFFIDAVIT”****. Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”

***In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.

Information is available at: http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm

US
Georgia
DRIVER'S LICENSE

DL NO. [REDACTED] DOB 10/27/1946
CLASS C EXP 10/27/2024
HENRY JOSEPH
HALL

181 FOUR LOT RD
HAMILTON, GA 31811-4103
HARRIS
Restrictions A End NONE
Iss 10/14/2016

Sex M Eyes BRO
Hgt 6' 02" Wgt 225 lb

DD1286708950420049876

Henry J. Hall

DONOR



HENRHAL-01

MHOLKAN

DATE (MM/DD/YYYY)
9/30/2020

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 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 License # 100290819
Chicago, IL-Hub International Midwest West
55 East Jackson Boulevard
Suite 14th Floor
Chicago, IL 60604

CONTACT NAME:
PHONE (A/C, No, Ext): (800) 228-7548 FAX (A/C, No): (866) 229-3296
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE
INSURER A: Hartford Underwriters Insurance Company NAIC # 30104

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Henry Hall, DVM
161 Four Lot Road
Hamilton, GA 31811

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	83SBUAH4L2T	9/17/2020	9/17/2021	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 - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE \$ OTHER \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Additional Insured as their interests may appear with respect to General Liability.

RE: RFB No. 20-0056, Veterinary Services (Annual Contract)

Subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

Columbus Consolidated Government, Purchasing Division
PO Box 1340
Columbus, GA 31902

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

Neil R. Hughes

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Veterinary Professional Liability
Insurance Policy
Certificate of Insurance**



ZURICH

This policy provides occurrence coverage. Please review the policy carefully.

ITEM 1: Insured by the stock company below and hereinafter called the Company
Zurich American Insurance Company

U-VPL-103-A-CW (07/04)

ITEM 2: Named Certificate Holder, member number, rating code and address

Henry Joseph Hall, DVM
161 Four Lot Rd
Hamilton, GA 31811

Master Policy Number:
EOL 5241302 -15

Certificate Number:
VETPRO193601

**FOR INFORMATION OR TO FILE A CLAIM
PLEASE CALL (800) 228-7548**

ITEM 3: Policy Period

From: 01/01/2020

To: 01/01/2021

12:01 am Standard time at the address of the Named Certificate Holder
as stated herein

ITEM 4: Limits of Liability

Each claim \$ 1,000,000

Aggregate \$ 3,000,000

Member Name	Member No.	Rating Code
Henry Hall	14907	[IV] Small Animal Exclusive

ITEM 5: Premium and coverage summary

Primary Professional Liability	\$248.00
Veterinary License Defense	\$120.00

TOTAL DUE:

\$368.00

ITEM 6: Forms Attached at Issuance:

U-VPL-100-A CW (07/04); U-VPL-103-A CW (07/04); U-GU-1191-A CW (03/15);
U-VPL-127-A GA (12/04); U-VPL-102-B CW (06/11); U-GU-319-F (01/09); U-GU
1194-A CW (08/15)

**ITEM 7: Schedule of Plan Numbers and location(s) for Professional Extension
Endorsement (Animal Ballee) / Embryo and Semen Storage (if purchased):**
For additional locations, please see the attached page

Location Number/Address

Extension Plan Embryo Plan

**ITEM 8: Veterinary Professional Liability Regulatory Action License Defense
Coverage endorsement (if purchased):**

Limit: \$ 50,000

Authorized Signature

Neil R. Hughes

Neil R. Hughes, President
Zurich International Midwest Limited

This Certificate of Insurance is issued off the Master Policy held by the American
Veterinary Medical Association (AVMA) Professional Liability Insurance Trust. By
acceptance of this policy the Named Certificate Holder agrees that the statements in
the certificate and the application and any attachments hereto are the Named
Certificate Holder's agreements and representations and that this policy embodies
agreements existing between the Named Certificate holder & the Company or any
of its representatives relating to this insurance.

Notice to the Company:

Zurich American Insurance Company
P.O. Box 968041
Schaumburg, IL 60196-8041

State Farm



GEORGIA INSURANCE POLICY INFORMATION CARD

State Farm Mutual Automobile Insurance Company

POLICY NUMBER 362 3603-A01-11B

EFFECTIVE

JAN 01 2008 TO JAN 01 2021

INSURED HALL, HENRY J

MUTL

VOL

YR 2008 MAKE TOYOTA

MODEL TUNDRA

VIN

5TBRV54188S474322

AGENT RICK TURNER

PHONE (706)323-4646

NAIC 25178

9BEB-AFE

COVERAGES A C D G500 H P1 UE-250

Current status of liability insurance coverage for this vehicle is maintained by the Georgia Department of Motor Vehicle Safety. It is available to law enforcement agencies upon a registration check.
SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION

EXHIBIT B

Columbus Consolidated Government

Veterinary Services (Annual Contract)

RFB No. 20-0056

Request for Bids

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

October 22, 2020

Addendum No. 5

Veterinary Services
RFB No. 20-0056

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials: _____ Company: _____

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. DUE DATE EXTENSION

The bid due date has been extended until: **Wednesday, October 28, 2020; 2:30 p.m.**

Andrea J. McCorvey
Purchasing Division Manager

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

June 5, 2020

Addendum No. 4

Veterinary Services
RFB No. 20-0056

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials: _____ **Company:** _____

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. DUE DATE EXTENSION

The bid due date has been extended until: **Wednesday, June 10, 2020; 2:30 p.m.**

Andrea J. McCorvey
Purchasing Division Manager

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

May 12, 2020

Addendum No. 3

Veterinary Services RFB No. 20-0056

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials: _____ Company: _____

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. SPECIFICATIONS CHANGE

1. Page 11, Section V, INSURANCE is changed to:

The vendor shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract.

Insurance requirements are listed on the attached **Insurance Checklist (Form 6)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. (*Certificate of Insurance is acceptable*).** The Insurance Checklist will indicate to the City the bidder's ability and agreement to provide the required insurance in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. **The Certificate of Insurance will name Columbus Consolidated Government as additional insured, as well as, list the applicable project or annual contract name, and/or Solicitation name and number.** The Certificate of Insurance will be included with the contract documents prior to sign.

Andrea J. McCorvey
Purchasing Division Manager



COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

May 8, 2020

Addendum No. 2

Veterinary Services RFB No. 20-0056

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials: _____ **Company:** _____

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. DUE DATE EXTENSION

The bid due date has been extended until: **Wednesday, June 3, 2020; 2:30 p.m.**

B. SPECIFICATIONS UPDATE

1. Page 11, Section VIII, Bid Submission Requirements, Item G is changed to:
G. DEA Certification: Submit signed statement (Page 15, Section V, #3).
2. Page 15, Section V, Item 3 is changed to:
The contracted vendor shall obtain a DEA Certification from the U.S. DOJ, Diversion Control Division for this shelter to have controlled substances onsite. **Vendor shall include with bid a signed statement demonstrating their understanding of this requirement, i.e. "If awarded this contract, I will obtain a DEA Certification from the U.S. DOJ, Diversion Control Division for this shelter to have controlled substances onsite."**

C. SUBMISSION REQUIREMENTS

Due to the COVID-19 pandemic, the Purchasing Division is suspending the receipt of hard copies of sealed responses and public solicitation openings until further notice. **Effective immediately, responses must be submitted via DemandStar.**

There is no cost to submit responses electronically through DemandStar; you will only incur a fee if you opt to receive e-notifications directly from DemandStar. You must select "Columbus Consolidated Government" as your

free agency (see registration instructions). Solicitations may be accessed thru the DemandStar link that is posted at https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm. Per Georgia HB489, the Purchasing Division will continue to post solicitations on the Georgia Procurement Registry. To receive future procurement notifications, you must register with the Team Georgia Marketplace at <http://doas.ga.gov/state-purchasing/suppliers/getting-started-as-a-supplier>.

Excluding responses to Requests for Proposals (RFP), a tabulation of responses will be available on DemandStar shortly after the solicitation closes. The Purchasing Division will also continue to post tabulations at https://www.columbusga.gov/finance/purchasing/docs/tabulations/bid_tabulations.htm.

Failure to submit electronic responses, via DemandStar, will result in the rejection of your response. Submittals received via U.S. Postal Service, FedEx, UPS, etc., will be returned unopened at the expense of the sender. The Purchasing Division will not accept hand-delivered submittals, and will immediately discard any submittal left in the reception area of the Finance Department.

See the following pages for an **Electronic Bid Submission Checklist** and information for DemandStar.

The Purchasing Division sincerely appreciates your cooperation during these unprecedented times.

D. ADDENDUM ACKNOWLEDGEMENT

Indicate that your company has received this Addendum in the appropriate area above and include with sealed bid. **Failure to acknowledge receipt of this addendum may render your bid "Incomplete".**

Andrea J. McCorvey
Purchasing Division Manager



ELECTRONIC BID
SUBMISSION CHECKLIST

VETERINARY SERVICES
RFB No. 20-0056

Please submit your electronic response as indicated below:

Vendors shall submit only the required documents listed using the
“**Bidder Response ALL DOCUMENTS**” function.

The City will not consider any information submitted as “Supplemental Documents”.

Due to file size limitations, please do not re-send the City's full specifications document as this information is already on file.

- ☐ 1. BID FORM AND PRICING PAGES (**FORM 1 and PAGES 16-17**)
- ☐ 2. STATEMENT OF QUALIFICATIONS & WORK QUARANTEE (**FORM 2**)
- ☐ 3. E-VERIFY / GSICA AFFIDAVIT (**FORM 3**)
- ☐ 4. COMMUNICATION CONCERNING THIS SOLICITATION (**FORM 4**)
- ☐ 5. CONTRACT SIGNATURE PAGE (**FORM 5**)
- ☐ 6. VETERINARY LICENSE (SEE PAGE 15, SECTION V)
- ☐ 7. DEA CERTIFICATION (SEE PAGE 15, SECTION V)
- ☐ 8. TREATMENT INFORMATION
- ☐ 9. ACKNOWLEDGEMENT OF ADDENDA
- ☐ 10. BUSINESS LICENSE 2020
- ☐ 11. INSURANCE (**FORM 6**)
- ☐ 12. W-9 REV 2018 (**FORM 7**)

Please note: After award of contract by Columbus Council, awarded vendor will be notified to provide two (2) identical hard copies of submitted bid with original signatures.



Registering for DemandStar



We are pleased to announce our membership in the DemandStar network. DemandStar is an online marketplace that connects our suppliers directly to the bids, quotes and RFPs that matter to them.

DemandStar is open and accessible to all businesses and provides instant access to our solicitations. By registering for your complimentary DemandStar account, you will receive:

- **Instant** access to bids, quotes and RFPs
- **Automatic** notifications, right to you inbox, of bids that match the commodity codes you select
- The ability to **quickly view** the contractual terms and scope of work
- All the **forms and documents** you need in one place
- Access to **more government bids** in neighboring cities, counties and states

It's EASY! Get started with these 3 easy steps!

1 REGISTER

Go to:

<https://www.demandstar.com/registration>

Create an Account with DemandStar

You are one step away from picking your free government agency

Email Address

Your email address here

Company Name

Your company name here

☐ I accept the DemandStar Terms of Use and Privacy Policy

Next




2019 DemandStar® Corporation. All Rights Reserved.
206.940.0305

2 CHOOSE YOUR FREE AGENCY

Type in the name of the government agency you'd like to add, for example "City of Metropolis" in the Search Box

← Choose Your Free Agency

Receive full access to the government agency of your choice and receive advance notifications of new opportunities.

City of Metropolis 
Narrow down your search by selecting a state and county.


State	County
Select State ▼	Select County ▼

- ☐ City of Metropolis – Board of Commissioners
- ☐ City of Metropolis Purchasing
- ☒ Metropolis Technical College

3 CHECK OUT

Check out with your **FREE AGENCY** Registration by clicking "Skip for now" on the page where it gives you options to add additional counties and States

You have chosen Metropolis Technical College as your free agency.
Add additional government agencies below for \$25 per County, Statewide and National subscriptions available.

My Subscriptions  [0]

Nation (0)

States (0)

Counties (0)

		Your Current Rate
Total	(0 subscriptions)	\$0/year

Proceed to Checkout

Skip for Now

SIGN UP

Visit www.demandstar.com



2019 DemandStar® Corporation. All Rights Reserved.
206.940.0305

Responding to an Electronic Bid

5 Step Instructions

Step 1

Many governments are moving toward requiring bid responses electronically. Here are the steps to respond to a bid Electronically.

- Click on the solicitation name



Step 2

Once you are in the solicitation, you will see the

Once you are in the solicitation, you will see the Bid Details page that is standard for all solicitations

- When you are ready to submit your bid, click on "Submit E-Bid Proposal"

[illegible]

Step 3

Enter information requested page-by-page and you can see what will come next via the menu bar on the left under "E-Bid Progress"

If there is not a total bid amount in your submission, please put "0"

Example: a request for qualifications opportunity may not require a bid amount so vendors will input "0" under "Bid Amount"

DEMANDSTAR Dashboard **Bids** Quotes **Quick Start** **Learning Tools** **Messages** **Responses** **Robyn Gallardi**

Home > Bids > 183380 > My E-Bid Response

Bid Details

Agency Name: Agency 2.0
 Bid Number: 8890-123456-0-212345
 Bid Due Date: 10/10/2024 17:00
 Bid Opening: 23 days, 04 hours, 28 minutes, 34 seconds Remaining
 Bid Name: TEST.BID

E-Bid Progress

- Contact Information
- Documents Upload
- Review Bid

E-Bid Response

Contact Information

Company Name: Calpine Carbon Corporation
 Address 1: 47 G. Box 717
 Address 2: (optional)
 City: Pittsburgh
 Country: United States of America
 State/Province: Pennsylvania
 County: Allegheny
 Postal Code: 15228-0717
 Phone Number: 412-747-6110
 Extension: (optional)
 Bid Amount: 123.000
 Alternate Bid Amount: (optional)
 Notes: For the full 6 month contract (optional)

Next

Step 4

After you click NEXT on the Contact Information page, you will be directed to enter the documents required. In this example, they only ask for one document, however, in others, they may ask for multiple documents that each need to be uploaded separately.

TIP:

There is a place for you to add "Supplemental", i.e. non-required, documents.

The screenshot displays the DEMANDSTAR E-Bid Response interface. The top navigation bar includes links for Dashboard, Bids, Quotes, Archives, Messages, and Responses. The user is logged in as Robyn Galati.

Bid Details:

- Agency Name: agency20.0
- Bid Number: 2000 123456 6 2000/00
- Bid Due Date: 10/25/2009 09:00
- Bid Opening: 21 days, 04 hours, 12 minutes, 05 seconds, Remaining
- Bid Name: TEST00

E-Bid Progress:

- Contact Information
- Documents Upload
- Review Bid

E-Bid Response:

Required Documents:

The following documents are required by the agency for this project. Please select which documents you will be submitting electronically (indicated), and which ones you will submit directly to the agency (physical).

Agency Accepted File Formats:

<input type="checkbox"/> Adobe Acrobat (.PDF)	<input type="checkbox"/> AutoCAD Drawing (.DWG)
<input type="checkbox"/> AutoCAD Drawing Web Format (.DWP)	<input type="checkbox"/> GIF Image (.GIF)
<input type="checkbox"/> JPEG Image (.JPG)	<input type="checkbox"/> Microsoft Excel (.XLS)
<input type="checkbox"/> Microsoft Excel (.XLSX)	<input type="checkbox"/> Microsoft PowerPoint (.PPT)
<input type="checkbox"/> Microsoft Word (.DOC)	<input type="checkbox"/> Microsoft Word (.DOCX)
<input type="checkbox"/> Plain Text (.TXT)	<input type="checkbox"/> PSKIM (.PSK)
<input type="checkbox"/> Rich Text Format (.RTF)	<input type="checkbox"/> TIFF Image (.TIFF)
<input type="checkbox"/> Uncompressed (.ZIP)	<input type="checkbox"/> ZIP Compressed Archive (.ZIP)

Required Document: ☒ Select One Agency's

Submission Option: None ☐ or Electronic file ☐

Supplemental Documents:

You can upload additional documents here.

Document Title:

Step 5

Review Your E-Bid Response, and if everything is correct, then press "Submit Response"

You are done! And the government to which you've submitted this will download your responses and documents and see the day and time upon which you submitted your proposal.

DEMANDSTAR | Dashboard | Bids | Clashes | Activity | Messages | Responses

Home > Bids > 200000 > My Bid Response

Bid Details

Agency Name	DEMANDSTAR
Bid Number	20000000000000000000
Bid Due Date	10/10/2020 12:00:00
Bid Opening	10/10/2020 12:00:00
Bid Name	200000

E-Bid Progress

- Submit Bid
- Review Bid
- Submit Response

Review Your E-Bid Response

Contact Info

Company Name	DEMANDSTAR
Address 1	1000 1st St
Address 2	
City	Phoenix
State	Arizona
Country	United States of America
Postal Code	85001
Phone Number	(602) 440-1000
Fax	(602) 440-1000
Bid Account	20000000000000000000
Alternate Bid Account	
Notes	See your bid details for more info

Agency Required Documents

1. [Link to Agency Required Documents]

Supplemental Documents

1. [Link to Supplemental Documents]

After clicking "Submit Response" the following process will begin:

1. The bid will be marked as "Submitted" and the bid will be downloaded.
2. The bid will be marked as "Submitted" and the bid will be downloaded.
3. The bid will be marked as "Submitted" and the bid will be downloaded.
4. The bid will be marked as "Submitted" and the bid will be downloaded.

If you do not receive any of the above, please call Support for assistance (800) 440-1000.

[Cancel](#) [Submit Response](#)

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
www.columbusga.gov

March 20, 2020

ADDENDUM NO. 1

Veterinary Services (Annual Contract)
RFB No. 20-0056

Bids should include acknowledgement of receipt for all Addenda. Initial below or initial the designated area on the Bid Form (Pricing Page)

Authorized Initials: _____ Company: _____

Vendors are informed that the above subject RFB is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

I. BID OPENING

Due to the COVID-19 outbreak, as a public health precautionary measure, the Purchasing Division will not hold a public bid opening. As always, approximately two days after the bid opening, the bid tabulation will be available for public view on the Columbus Consolidated Government / Finance / Purchasing Division webpage at https://www.columbusga.gov/finance/purchasing/docs/tabulations/bid_tabulations.htm.

You can also send an email to BidOpportunities@columbusga.org to request a copy of the bid tabulation.

Andrea J. McCorvey,
Purchasing Division Manager

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
www.columbusga.org

Date: **March 9, 2020**

REQUEST FOR BIDS: RFB No: 20-0056	Qualified vendors are invited to submit sealed bids, subject to conditions and instructions as specified for the furnishing of: VETERINARY SERVICES (ANNUAL CONTRACT)
GENERAL SCOPE	Provide veterinarian services for the Columbus Animal Care and Control Center (ACCC) under the Public Works Department. The contract term will be for two (2) years with the option to renew for three (3) additional twelve-month periods.
DUE DATE	April 1, 2020 - 2:30 PM (Eastern) Bids must be received and date/time stamped on or before the due date by the Finance Department/Purchasing Division, 5th Floor - Government Center, 100 10th St, Columbus, GA. Bids will be opened during the 3:00 p.m. hour in the Conference Room of the Purchasing Division. Bidders are not required, but are invited, to attend the bid opening.
ADDENDA	<u>IMPORTANT INFORMATION</u> Any and all addenda will be posted on the Purchasing Division's web page, at https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm . It is the vendors' responsibility to periodically visit the web page for addenda before the due date and prior to submitting a quote.
"NO BID" RESPONSE	Refer to the form on page 3 if you are not interested in this invitation.

Andrea J. McCorvey
Purchasing Division Manager



IMPORTANT INFORMATION

e-Notification

The City uses the Georgia Procurement Registry e-notification system. You must register with the Team Georgia Marketplace/Georgia Procurement Registry to receive future procurement notifications via <http://doas.ga.gov/state-purchasing/suppliers/getting-started-as-a-supplier>.

If you have any questions or encounter any problems while registering, please contact the Team Georgia Marketplace Procurement Helpdesk:

Telephone: 404-657-6000

Fax: 404-657-8444

Email: procurementhelp@doas.ga.gov

STATEMENT OF "NO BID"

Complete and return this form immediately if you do not intend to Bid:

Email: bidopportunities@columbusga.org
Fax: (706) 225-3033 **Attn:** Patti Postorino, Buyer
Mail: Columbus Consolidated Government
Purchasing Division
P. O. Box 1340
Columbus, GA 31902-1340

We, the undersigned decline to bid on your **RFB No. 20-0056** for **Veterinary Services** for the following reason(s):

- ☐ Specifications too "tight", i.e. geared toward one brand or manufacturer only (explain below)
- ☐ There is insufficient time to respond to the Invitation for Bids.
- ☐ We do not offer this product or service.
- ☐ We are unable to meet specifications.
- ☐ We are unable to meet bond requirements.
- ☐ Specifications are unclear (explain below).
- ☐ We are unable to meet insurance requirements.
- ☐ Other (specify below)

Remarks: _____

COMPANY NAME: _____

AGENT: _____

DATE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

GENERAL PROVISIONS

THESE GENERAL PROVISIONS SHALL BE DEEMED AS PART OF THE BID SPECIFICATIONS.

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations for bids and award of all contracts and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.

1. TERM "CITY". The term "City" as used throughout these documents will mean Consolidated Government of Columbus, Georgia.

2. PREPARATION OF FORM. Bid proposals shall be submitted on the forms provided by the City. All figures must be written in ink or typewritten. Figures written in pencil or erasures are not acceptable. However, mistakes may be crossed out, corrections inserted adjacent thereto, initialed in ink by the person signing the proposal. If there are discrepancies between unit prices quoted and extensions, the unit price will prevail. Failure to properly sign forms, in ink, will render bid incomplete.

3. EXECUTION OF THE BID PROPOSAL. Execution of the bid proposal will indicate the bidder is familiar and in compliance with all local laws, regulations, ordinances, site inspections, licenses, dray tags, etc.

4. BID SUBMISSION. Bids must be submitted in a sealed envelope or package. The exterior of the envelope or package must reference the bidder's name and address, the bid number, bid title, and must indicate the contents represent a "bid" or "no bid" submission. Failure to properly identify the bid submission may result in rejection of the bid.

5. BID DUE DATE. The bid submission must arrive in the Purchasing Division on or before the stated due date and time. Upon receipt, bids will be time and date stamped. Bids will remain sealed and secured until the stated due date and time for the bid opening.

6. BID OPENING. The Purchasing Division Manager or Purchasing staff appointee will open bids. The bid amount and other pertinent information as determined by the Purchasing Division Manager will be read and recorded. The bids as recorded at the bid opening represent a draft tabulation and may include incorrect price extensions or transcription errors, and are subject to change if conflicting information is discovered during analysis of the bid responses. A bid tabulation will be made available to bidders after extensions have been checked and all other specification compliance has been determined. **In the essence of time, bidders may not be allowed to review bids at the bid opening. However, bidders will be allowed to make appointments to review the bids at a later date.**

7. LATE BIDS. It is the responsibility of the bidder to ensure bids are submitted by the specified due date and time. Bids received after the stated date and time will be returned, unopened, to the bidder. The official clock to determine the date and time will be the time/date stamp located in the Finance Department. All bids received will be time and date stamped by the official clock. The City will not be held responsible for the late delivery of bids due to the U.S. Mail Service, or any other courier service.

8. RECEIPT OF ONE SEALED BID. In the event only one sealed bid is received, no formal bid opening shall take place. First, the Purchasing Division shall conduct a survey of vendors to inquire of "no bid" responses and non-responsive vendors. If, from the survey, it is determined by the Purchasing Division that specifications need revision, the one bid received will be returned, unopened, to the responding vendor, with a letter of explanation and a new bid solicitation prepared. If it is determined that other vendors need to be contacted, the bid due date will be extended, and the one bid received will remain sealed until the new bid opening date. The vendor submitting the single bid will receive a letter of explanation. **If it is determined the one bid received is from the only responsive, responsible bidder, then the bid shall be opened by the Purchasing Division Manager or designee, in the presence of at least one other witness. The single bid will be evaluated by the using agency for award recommendation.**

9. RECEIPT OF TIE BIDS. In the event multiple responsive, responsible bidders are tied for the lowest price and all other terms and requirements are met by the all tied bidders, the award recommendation shall be as follows:

- a. Award to the local bidder, if one of the bidders has its principal place of business in Columbus, Georgia.
- b. If all or none of the bidders has its principal place of business in Columbus, Georgia, then award the bid to the bidder who has received the award previously.
- c. If neither bidder received the award previously, and neither of the tied bidders has its principal place of business in Columbus, Georgia, then the bid award shall be equally divided between the tied bidders.
- d. If it is not feasible to divide the award, and if all or none of the tied bidders has its principal place of business in Columbus, Georgia, and neither was awarded the bid previously, then all bids will be rejected and the bid will be re-advertised.

10. RECEIPT OF MULTIPLE BIDS. Unless otherwise stated in the bid specifications, the City will accept one and only one bid per vendor. Any unsolicited multiple bid(s) will not be considered. If prior to the bid opening, more than one bid is received from the same vendor, the following will occur: (1) the bidder will be contacted and required to submit written acknowledgment of the bid to be considered; (2) the additional bid(s) will be returned to the bidder unopened. If at the bid opening more than one bid is enclosed in a single bid package, the City will consider the vendor non-responsive and bids will

be returned to the bidder.

11. CONDITIONS AND PACKAGING. Unless otherwise defined in the bid specifications, it is understood and agreed that any item offered or furnished shall be new, in current production and in first class condition, that all containers shall be new and suitable for storage or shipment, and that prices include standard commercial packaging.

12. FREIGHT/SHIPPING/HANDLING CHARGES. All freight, shipping, and handling charges shall be included in the bid price. The City will pay no additional charges.

13. CORRECTIONS OR WITHDRAWAL OF BID/CANCELLATION OF AWARDS. Corrections or withdrawals of inadvertently erroneous bids before or after bid opening, or cancellation of awards of contracts based on such bid mistakes may be permitted where appropriate. Mistakes discovered before bid opening may be modified or bid withdrawn by written notice received in the office of Purchasing prior to the time of the bid opening.

After bid opening, no changes in bid prices or other provisions of bids prejudicial to the interest of the City or fair competition shall be permitted. In lieu of bid correction, a low bidder alleging a material mistake of fact may be permitted to withdraw its bid if the mistake is clearly evident, or if the bidder submits evidence, which clearly and convincingly demonstrates that a mistake was made. All decisions to permit corrections or withdrawals of bids or to cancel awards or contracts based on bid mistakes will be supported by the written determination of the Purchasing Officer.

14. ADDENDA AND INTERPRETATIONS. If it becomes necessary to revise any part of this bid, a written addendum will be provided to all bidders. The City is not bound by any oral representations, clarifications, or changes made to the written specifications by City employees, unless such clarification or change is provided to the bidders in written addendum form from the Purchasing Officer. Bidders will be required to acknowledge receipt of the addenda (if applicable) in their sealed bid proposal. The vendor may provide an initialed copy of each addendum or initial the appropriate area on the bid form (pricing page). Failure to acknowledge receipt of the addenda (when applicable) will render bid incomplete. **It is the bidder's responsibility to ensure that they have received all addenda.**

15. BID EVALUATION AND AWARD. During the evaluation of bids, the City reserves the right to request clarification of bid responses and to request the submission of references, if deemed necessary for a complete evaluation of bid responses. Award will be made to the responsive and responsible bidder whose bid is most economical according to criteria designated in the solicitation. The determination of the lowest responsive and responsible bidder may involve all or some of the following factors: prices, conformity to specifications, financial ability to meet the contract, previous performance, facilities and equipment, availability of repair parts, experience, delivery promise, terms of payment, compatibility as required, other cost, and other objective and accountable factors, if any, (which are further described in the specifications). The City shall be the judge of the factors and will make the award in the best interest of the City.

16. TIME FOR CONSIDERATION. Bids must remain in effect for at least sixty (60) days after date of receipt to allow for evaluation.

17. BID SECURITY AND PERFORMANCE BOND. Bid security (Bid Bond) shall be required for all competitive sealed bids for construction contracts when the price is estimated by the Purchasing Officer to exceed \$10,000. Bid security shall be a bond provided by a surety company authorized to do business in the State, or in the form of a certified check. Such bonds may also be required on construction contracts under \$10,000 or other procurement contracts when circumstances warrant. Bid security shall be in an amount equal to at least five percent (5%) of the bid amount. The City will accept a copy of a bid bond at the bid opening. However, if a copy of a bid bond is submitted, the bidder must submit to the Purchasing Division the identical original document within five (5) days after the bid opening. **If the original document is not received within the five (5) days, the bid will not be considered.**

When a construction contract is awarded in excess of \$25,000 the successful bidder will be required to furnish a **Performance Bond** executed by a surety company authorized to do business in the State. The performance bond shall be equal to one hundred percent (100%) of the price specified in the bid.

18. SUBCONTRACTING. Should bidder intend to subcontract all or any part of the work specified, name(s) and address(es) of sub-contractor(s) must be provided in bid proposal (use additional sheet if necessary). The bidder shall be responsible for subcontractor(s) full compliance with the requirements of the bid specifications. **THE COLUMBUS CONSOLIDATED GOVERNMENT WILL NOT BE RESPONSIBLE FOR PAYMENTS TO SUBCONTRACTORS.**

19. DISQUALIFICATION OF BIDDERS AND REJECTION OF BIDS. Bidders may be disqualified and rejection of bid proposals may be recommended by the City for any (but not limited) to the following reasons:

- (A) Receipt after the time limit for receiving bid proposals as stated in the bid invitation.
- (B) Any irregularities contrary to the General Provisions or bid specifications.
- (C) Unbalanced unit price or extensions.
- (D) Unbalanced value of items.
- (E) Failure to use the proper forms furnished by the Consolidated Government.
- (F) Failure to complete the proposal properly

- (G) Omission of warranty, product literature, samples, acknowledgment of addenda or other items required to be included with bid proposal.
- (H) Failure to properly sign forms in ink.

The City reserves the right to waive any minor informality or irregularity. The City reserves the right to reject any and all bids.

20. BRAND NAMES "OR EQUAL". Whenever in this invitation any particular material, process and/or equipment are indicated or specified by patent, proprietary or brand name of manufacturer, such wording will be deemed to be used for the purpose of facilitating description of the material, process and/or equipment desired by the City. It is not meant to eliminate bidders or restrict competition in any bid process. Any manufacturers' names, drawings, trade names, brand names, specifications and/or catalog numbers used herein are for the purpose of description and establishing general quality levels. Bidders may propose equivalent equipment, services or manufacturer. Any proposal that is equivalent to or surpasses stated specifications will be considered. Determination of equivalency shall rest solely with the City. **Please Note: Due to existing equipment, specific manufacturers may be required to facilitate compatibility.**

21. ASSIGNMENT OF CONTRACTUAL RIGHTS. It is agreed that the successful bidder will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

22. DISCOUNTS. Terms of payments offered will be reflected in the space provided on the bid proposal form. Cash discounts will be considered net in the bid evaluation process. All terms of payment (cash discounts) will be taken and computed from the date of delivery of acceptable material or services, or the date of receipt of the invoice, whichever is later.

23. TAXES. The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

24. FEDERAL, STATE AND LOCAL LAWS. All bidders will comply with all Federal, State, and Local laws and ordinances, relative to conducting business in Columbus, Georgia.

25. BID INCLUSIONS. When bid inclusions are required, such as warranty information, product literature/specifications, references, etc. The inclusions should reference all aspects of the specific equipment or service proposed by the bidder. Do not include general descriptive catalogs. References to literature or other required inclusions submitted previously does not satisfy this provision. Bids found to be in non-compliance with these requirements will be subject to rejection.

26. NON-COLLUSION. By signing and submitting this bid, bidder declares that its agents, officers or employees have not directly or indirectly entered into any agreements, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid. In the event, said bidder is found guilty of collusion, the company and agents will be removed from the City's bid list for one full year and any current orders will be canceled.

27. INDEMNITY. The successful bidder agrees, by entering into this contract, to defend, indemnify and hold City harmless from any and all causes of action or claims of damages arising out of or under this contract.

28. DISADVANTAGED BUSINESS ENTERPRISE. Disadvantaged Business Enterprises (minority or women owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, sexual orientation, gender identity or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

29. AFFIRMATIVE ACTION PROGRAM - NON-DISCRIMINATION CLAUSE. The City has an Affirmative Action Program in connection with Equal Employment Opportunities. The successful bidder will comply with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, and will not discriminate between or among them by reason of race, color, age, religion, sex, sexual orientation, gender identity, national origin or physical handicap.

30. AWARDS TO LOCAL BUSINESSES. Except for construction contracts, awards will be made to responsive and responsible local businesses proposing a cost not more than two percent (2%) above the low bid or quote for contracts involving an expenditure of \$25,000.00 or less and made to responsive and responsible local businesses proposing a cost not more than one percent (1%) above the low bid or quote for contracts involving an expenditure greater than \$25,000.00. (Ordinance No. 09-0024, Section 3-117). ****STATE OR FEDERALLY FUNDED PROJECTS EXCLUDED****

31. RIGHT TO PROTEST. A protest with respect to an Invitation for bids or Request for Proposals shall be submitted in writing no less than five (5) days prior to the opening of bids or the closing date of proposals to the Purchasing Officer. If the matter is not resolved, then an appeal may be filed with the City Manager or City Council.

32. FAILURE TO QUOTE. Vendors choosing not to submit a bid are requested to return a **Statement of "No Bid"**.

33. PRODUCT/EQUIPMENT DEMONSTRATION - SITE VISIT. During the evaluation of bids, the City reserves the right to request a demonstration or site visit of the product, equipment or service offered by a bidder. The demonstration or site visit shall be at the expense of the bidder. Bidders who fail to provide demonstration or site visit, as requested, will be considered non-responsive.

34. CANCELLATION PROVISIONS. When such action is in the best financial interest of the City, contracts for supplies to be purchased or services to be rendered under an annual (term) contract basis may be canceled and re-advertised at the discretion of the Purchasing Officer and in accordance with contract terms.

After the receipt of a product or piece of equipment, it is found that said item does not perform as specified and required, payment for said product or equipment will be withheld. The successful vendor will be notified of the non-performance in writing. After notification, the successful vendor will have ten (10) calendar days, from the date of notification, to deliver product or equipment which performs satisfactorily. If a satisfactory product is not delivered within 10 calendar days, from the notification date, the City will cancel the contract (purchase order) and award to the next low, responsive, responsible bidder. The vendor will be responsible for the pick-up or shipment of the unsatisfactory equipment or product.

35. QUESTIONS: Questions concerning specifications must be submitted, in writing, at least 5 (five) working days (Monday-Friday) prior to receipt date. Questions received less than five working days prior to receipt date will not be considered.

36. SAMPLES: When samples are required to be included with the proposal response, the bidder will be responsible for the following:

- 1) **Unless otherwise specified**, bidders are required to submit exact samples of item(s) bid. Do not submit sample of "like" item(s).
- 2) Affix an identification label to each individual sample to include bidder's name, bid name and number.
- 3) Make arrangements for the return of sample after the bid award. All shipping costs will be the responsibility of the bidder. If bidder does not make arrangements for return of sample, within 60 days after award, the sample will be discarded.

37. GOVERNING LAW: The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

38. PAYMENT DEDUCTIONS: The City reserves the right to deduct, from payments to awarded vendor(s), any amount owed to the City for various fees, to include, but not limited to: False Alarm fees, Ambulance fees, Occupation License Fees, Landfill fees, etc.

39. PAYMENT TERMS: The City's standard payment term is usually net 30 days, after successful receipt of goods or services. Payment may take longer if invoice is not properly documented or not easily identifiable, goods/services are not acceptable, or invoice is in dispute.

40. FINAL CONTRACT DOCUMENTS: If a formal contract is required as a result of the Request for Bid; the final contract shall include the following: 1) The RFB; 2) Addenda; 3) Awarded Vendors(s) Bid response; 4) Awarded Vendor(s) Clarifications; and 6) Awarded Vendor(s) Business Requirements.

NOTICE TO VENDORS

Columbus Council, by Ordinance 92-60 has prohibited any business which is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has a substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.

Likewise, by Ordinance 92-61, no business which is owned by any member of any board, authority or commission, subordinate or independent entity, or any business in which any member of any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.

DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?

COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION.

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION. BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION.

ANY REQUEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

QUESTION/CLARIFICATION FORM

DATE: _____

TO: Patti Postorino, Buyer
Email BidOpportunities@ColumbusGA.org or
Fax 706-225-3033

RE: RFB No. 20-0056; Veterinary Services (Annual Contract)

*Questions/clarification requests must be submitted at least five (5) business days
before the due date:*

From: _____

Company Name	Website		
Representative	Email Address		
Complete Address	City	State	Zip
Telephone Number	Fax Number		

GENERAL SPECIFICATIONS

VETERINARY SERVICES (ANNUAL CONTRACT)

RFB No. 20-0056

I. SCOPE

The Consolidated Government of Columbus, Georgia (the City) is soliciting bids from firms to provide veterinarian services for the Columbus Animal Care and Control Center (ACCC) under the Public Works Department.

II. TERM OF CONTRACT

A. The term of contract shall be for two (2) years, with the option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor.

Notice of intent to renew will be given to the contractor in writing by the Purchasing Division Director, normally sixty days before the expiration date of the current contract. This notice shall not be deemed to commit the City to a Contract renewal.

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and programs approval has been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approval has been denied.

B. Termination for Convenience

For the protection of both parties, either party giving 30 days prior notice in writing to the other party may cancel this contract.

III. ESCALATION CLAUSE

Contract pricing shall remain fixed for the initial two (2) year term of the contract. After the initial term, Contractor may request a price escalation by submitting a fully documented request (i.e. documentation from manufacturers illustrating the necessity to implement price increases). ***Request for price increases, without documentation, shall not be considered.*** Such escalation shall not exceed a five percent (5%) increase. The using department(s) and the Purchasing Manager will review the request and shall approve or disapprove the increases based on budget constraints and other price comparisons.

If for any reason the contractor has a price increase that exceeds five percent (5%), the price increase will be evaluated on a case-by-case basis. The City and the Contractor will have the option to discuss and make adjustments to the requested increase. If either party declines approval of the adjustments, the contract will be considered cancelled on the scheduled expiration date of the contract.

IV. QUESTIONS / ADDENDA

Questions and requests for clarification must be submitted **within five (5) business days of the due date** (see pages 8 & 9). Changes to the specifications (if any) will be provided in the form of an addendum, which will be posted on the web page of the Finance Department/Purchasing Division of Columbus Consolidated Government at https://www.columbusga.org/finance/purchasing/docs/opportunities/Bid_Opportunities.htm. **It is the vendors' responsibility to periodically visit the web page for addenda before the due date and prior to submitting a quote.**

V. INSURANCE

The contractor shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract. Insurance requirements are listed on the attached **Insurance Checklist (Form 6)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will be included with the contract documents prior to signing.

VI. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT/E-VERIFY

In accordance with the Georgia Security and Immigration Compliance Act/E-Verify, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program (see http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm).

To access your E-Verify Company Identification Number, see <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>.

A properly completed, notarized E-Verify Affidavit (**Form 3**) must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

VII. INDEMNIFICATION

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

VIII. BID SUBMISSION REQUIREMENTS

Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND ONE (1) IDENTICAL COPY**. The City reserves the right to request any omitted information, **to exclude Communication Concerning This Solicitation and E-Verify, WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE**. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete":

- A. **Bid Form and Pricing Pages:** (Form 1 and Pages 16-17)
- B. **Statement of Qualifications & Work Guarantee** (Form 2)
- C. **E-Verify/GSICA Form:** (Form 3)
- D. **Communication Concerning This Solicitation** (Form 4)
- E. **Contract Signature Page** (Form 5)
- F. **Veterinary License:** Provide a copy from the Georgia Board of Veterinary Medicine as stated in Section V, page 15.
- G. **DEA Certification:** Provide a copy of DEA Certificate as stated in Section V, page 15.
- H. **Treatment Information:** Include listing of contents and Materials Safety Data Sheets for each formulation or combination of formulations used for treatment.

- I. **Addenda:** Vendors must include acknowledgment of receipt of addenda (**if any**) in their sealed bid. Provide an initialed copy of each addendum or initial the appropriate area on bid form (pricing page). Addenda will be posted at https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm
Vendors are responsible for periodically visiting the web page, to check for addenda, prior to the bid due date and before submitting a bid.
- J. **Business License:** Vendors located in Muscogee County shall submit a current copy of their City of Columbus Business License (Occupation License). If the business is not located in Muscogee County and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the vendor will not be required to pay occupation taxes in Columbus, Georgia.

If the business location is not in Georgia, vendor must provide a current copy of their active Articles of Incorporation from the State and/or a current business license from the City/State in which business is located.

If you have questions regarding this requirement, please contact Yvonne Ivey, Revenue Manager: 706-225-3091.
- K. **Insurance Checklist / Certificate of Insurance:** (Form 6)
- L. **W-9 Rev 2018 Request for Taxpayer Identification Number and Certification** (Form 7)

Bids must be delivered sealed in an envelope or package. The envelope or package should reference the bidder's name, full address and the bid number and/or bid name. Mail or hand-deliver bid to:

Columbus Consolidated Government
Purchasing Division

RE: RFB No. 20-0056; Veterinary Services (Annual Contract)

(Mail) P. O. Box 1340
Columbus, GA 31902-1340

(Deliver) 5th Floor – Finance Department
100 10th Street
Columbus, Georgia 31901

IX. AWARD / ORDERING / DELIVERY / INVOICE

- A. **Award:** This bid shall be awarded in total to one vendor. The City reserves the right to reject any and all bids.
- B. **Ordering:** The items will be procured on an "as needed" basis as a verbal work authorization directly to the vendor via telephone, then follow the request via email including the list of the items.
- C. **Delivery:** The item(s) requested shall be delivered to the location as directed in the work authorization. The items shall be delivered within 15 days after order has been placed. Delivery is the responsibility of the successful bidder. Freight shall be included in the bid price; add on freight will not be authorized.
- D. **Invoices:** After receipt of goods/services and upon satisfactory delivery, the successful vendor shall forward itemized invoice(s) to the following address:

Columbus Consolidated Government
Accounting Division
P. O. Box 1340
Columbus, Georgia 31902-1340

The invoice(s) shall reference the bid number (RFB No. 20-0056) and/or purchase order number.

X. TERMINATION OF CONTRACT

Default: If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Director may notify the contractor in writing of the delay or non-performance and if not cured within ten (10) days or any longer time specified in writing by the Purchasing Division Director, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Director may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Director. The contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

Compensation: Payment for completed supplies delivered and accepted by the city shall be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Director deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.

Excuse for Nonperformance or Delayed Performance: Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms, if the contractor has notified the Purchasing Division Director within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Director shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

TECHNICAL SPECIFICATIONS

VETERINARY SERVICES (ANNUAL CONTRACT)

RFB NO. 20-0056

The successful Contractor shall provide the following services:

I. TRAINING OF PERSONNEL:

The Contractor shall provide professional advice to kennel personnel as it relates to caring for, injured or sick animals. The contractor shall also, train and certify personnel in euthanasia procedures and the administering of vaccinations and other drugs as needed.

II. LARGE ANIMAL HANDLING: When impounded, the contractor has the ability to coordinate and communicate with the large animal handler as it relates to the care of these animals, which could mean obtaining a large animal veterinarian if the animal is injured.

III. DRUGS AND MEDICAL SUPPLIES:

The Contractor shall provide, **at cost**, drugs and other such medical supplies on an "as needed basis". No other fee will be charged for these items. The quantity of items specified herein is based upon the best information obtainable and represent the **estimated** usage for a one-year period. The City may purchase some, any, all or none of these items. These charges shall be invoiced separately and, for monitoring purposes, the Animal Control Division Manager or an appointee will perform random audits.

Listed below are the annual estimated amounts of drugs and other medical supplies utilized. Additional items not listed may be utilized as needed.

ITEM	QUANTITY
Euthasol (Animal Euthanizer)	30 Bottles (100 cc)
Xylazine/Ketamine Mix	78 Bottles (936 cc)
Xylazine (Deer Tranquilizer)	10 Bottles
Needles (20 ga x 1 in)	25 Boxes
3 cc syringes w/ needle	25 Boxes
Needles (22 ga x 1 ½ in)	10 Boxes
Needles (22ga x 1 in)	10 Boxes
Needles (25ga x 5/8 in)	5 Boxes
Needles (18 ga x 1 in)	5 Boxes
Doxycycline (Antibiotic)	10 Bottles
Chlordheniramine (antihistamine)	5 Bottles
Cephalexin (Oral Antibiotic Canine)	1 Bottle (500 mg)
Carprofen (pain medication)	1 Bottle (100 mg)
Vanguard – B (Vaccines)	2300
Rabies Tags	1600
Defensor (Vaccine)	1600
Vanguard Plus 5L4	1600
Vanguard Plus 5	700
Fellocell 3 (Feline Vaccine)	1000
Revolution (cat flea & tick)	6 Boxes
Nexguard (dog flea & tick)	5 Boxes

IV. VISITATION OF FACILITY:

The Contractor shall visit the Columbus Animal Care and Control Center (ACCC), located at 4910 Milgen Road, Columbus, GA to inspect the premises and verify proper euthanasia procedures are followed. Usual visits are Monday, Wednesday, Friday and occasionally on the weekend. This schedule is contingent upon the amount of care needed and the Contractor's schedule. The Contractor shall be required to administer rabies vaccinations to all identified animals belonging to the City of Columbus, as well as signing all necessary certificates and/or medical records. The Contractor and the ACCC personnel shall document and sign off on visits on the Veterinary Service Sheet (Attachment A).

Contractor shall also be on-call for emergencies:

A. Due to liability issues associated with operating a municipal shelter, a Veterinary Technician is not acceptable to respond to emergency calls.

B. Telephone instructions by a licensed Veterinarian to animal shelter staff for direction in the event of an emergency is acceptable.

V. LICENSES:

The successful Contractor shall have the following licenses:

1. License to practice veterinary medicine in the state of Georgia from the Georgia Board of Veterinary Medicine.
2. Shall have or obtain a license to conduct business in the State of Georgia.
3. Must obtain a DEA Certificate from the U.S. DOJ, Diversion Control Division for this shelter to have controlled substance onsite.

VI. SUBMISSION OF INVOICES:

The Contractor shall submit the following:

1. Monthly itemized invoice
2. Documentation of visits showing date, time-in, time-out & service provide (Attachment A)
3. Written results or findings of weekly inspections.

PRICING PAGE

VETERINARY SERVICES (ANNUAL CONTRACT)

RFB No. 20-0056

The following bid is submitted to provide professional veterinarian services for the Columbus Animal Care and Control Center (ACCC) (under the Public Works Department) located at 4910 Milgen Road, Columbus, GA in accordance with the specification requirements.

Having examined, and on the basis of, the specification requirements; Contractor proposes to provide the hereto described professional services, in the manner specified, at the following per hour fee:

CONTRACTOR'S BID FEE: \$ _____ PER HOUR

and; provide drugs and other such medical supplies, on an "as needed basis". The quantity of items specified herein is based upon the best information obtainable and represent the **ESTIMATED** usage for a one-year period. **THE CITY MAY PURCHASE SOME, ANY, ALL OR NONE OF THE ITEMS LISTED BELOW:**

	ITEM	ESTIMATED QUANTITY	UNIT PRICE	EXTENDED COST
1	Euthasol (Animal Euthanizer)	30 Bottles (100 cc)	\$	\$
2	Xylazine/Ketamine Mix	78 Bottles (936 cc)	\$	\$
3	Xylazine (Deer Tranquilizer)	10 Bottles	\$	\$
4	Needles (20 ga x 1 in)	25 Boxes	\$	\$
5	3 cc syringes w/needle	25 Boxes	\$	\$
6	Needles (22 ga x 1 ½ in)	10 Boxes	\$	\$
7	Needles (22ga x 1 in)	10 Boxes	\$	\$
8	Needles (25ga x 5/8 in)	5 Boxes	\$	\$
9	Needles (18 ga x 1 in)	5 Boxes	\$	\$
10	Doxycyline (Antibiotic)	10 Bottles	\$	\$
11	Chlordheniramine (antihistamine)	5 Bottles	\$	\$
12	Cephalexin (Oral Antibiotic Canine)	1 Bottle (500 mg)	\$	\$
13	Carprofen (pain medication)	1 Bottle (100 mg)	\$	\$
14	Vanguard – B (Vaccines)	2300	\$	\$
15	Rabies Tags	1600	\$	\$
16	Defensor (Vaccine)	1600	\$	\$
17	Vanguard Plus 5L4	1600	\$	\$
18	Vanguard Plus 5	700	\$	\$
19	Fellocell 3 (Feline Vaccine)	1000	\$	\$
20	Revolution (cat flea & tick)	6 Boxes	\$	\$
21	Nexguard (dog flea & tick)	5 Boxes	\$	\$

Name: _____ Company Name: _____

*****COMPLETE THIS PAGE AND RETURN WITH BID****

BID FORM

**VETERINARY SERVICES (ANNUAL CONTRACT)
RFB NO. 20-0056**

IMPORTANT INFORMATION:

PLEASE SUBMIT ONE (1) ORIGINAL AND ONE (1) IDENTICAL COPY OF EACH BID.

By signing this Bid Form, the authorized representative understands the City reserves the right to request any omitted information, **WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE**. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information, *to exclude Communication Concerning This Solicitation and E-Verify*. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete". Use the following check-list to verify the items are included in sealed bid:

- ☐ Bid Form/Pricing Pages (Form 1, Pages 16-17)
- ☐ Statement of Qualifications & Work Guarantee (Form 2) ☐ E-Verify (Form 3)
- ☐ Communication Concerning This Solicitation (Form 4) ☐ Contract Signature Page (Form 5)
- ☐ Insurance Checklist (Form 6) ☐ W-9 Rev 2018 (Form 7)
- ☐ Veterinary License ☐ DEA Certification ☐ Business License

Initial below to acknowledge receipt of the following addenda (if any):

Addendum No. 1 _____ Addendum No. 2 _____ Addendum No. 3 _____

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all services and terms of the Columbus Consolidated Government.

Vendor Business Name

Email Address

Authorized Signature

Print Name

Date

Please circle and initial if Business is {Minority} or {Woman Owned}: _____

If certified as a DBE or WBE, list the certifying agency: _____

Not Minority, Woman or DBE owned (please initial) _____

*****COMPLETE ALL PAGES AND RETURN WITH BID*****

FORM 2

STATEMENT OF QUALIFICATIONS & WORK GUARANTEE

VETERINARY SERVICES (ANNUAL CONTRACT) RFB NO. 20-0056

1. Company Name: _____
2. Permanent Main Office Address: _____
3. How many years have you been engaged in this business under your present company/trade name? _____
4. Attach resume'(s) of personnel that will be assigned to this contract.
5. Have you ever failed to complete a project and/or defaulted on a contract? If so specify when, where, and with whom: _____

6. List five (5) or more references for whom similar services have been performed within the last three (3) years, stating contract and month/year of completion:

Owner Name/Contact Name Address/Phone/Fax/Email	Contract Name and Completion Month/Year
1.	
2.	
3.	
4.	
5.	

Signature of Authorized Representative

Print Name and Title of Signatory

*****RETURN THIS PAGE WITH BID*****

VENDOR INFORMATION REGARDING
GEORGIA SECURITY AND IMMIGRATION COMPLIANCE
and

House Bill 87, also known as,
The Illegal Immigration Reform and Enforcement Act of 2011

Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

All contractors must complete the attached “CONTRACTOR AFFIDAVIT”****. Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”

***In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.

Information is available at: http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm

FORM 3

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE" Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Company ID Number (*numerical, 4-7 digits*)

Date of Authorization

****See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.**

Date of Authorization

Name of Contractor

Veterinary Services (Annual Contract); RFB No. 20-0056

Name of Project

Columbus Consolidated Government

Name of Public Employer

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

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires:

A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned **subcontractor** verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for

(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract) and

(Name of Contractor)

on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to

(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)

Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to

(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)

Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Sub-subcontractor

Veterinary Services (Annual Contract); RFB No. 20-0056

Name of Project

Columbus Consolidated Government

Name of Public Employer

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

Executed on _____, _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires:

FORM 4

COMMUNICATION CONCERNING THIS SOLICITATION

THIS PAGE MUST BE SIGNED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.

.....

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION. BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS, INCLUDING NON-CCG EMPLOYEES, CONTRACTED PERSONNEL ASSOCIATED WITH THIS PARTICULAR PROJECT (I.E. ARCHITECTS, ENGINEERS, CONSULTANTS), OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER. IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION. QUESTIONS AND REQUESTS FOR CLARIFICATION MUST BE SUBMITTED AT LEAST FIVE (5) BUSINESS DAYS BEFORE THE DUE DATE.

ANY REQUEST/CONCERN/PROTEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

I agree to forward all communication about this solicitation, in writing, to the Purchasing Division. I understand that communication with other persons, other than the Purchasing Division, will render my Bid/Proposal response non-responsive and I will no longer be considered in the solicitation process.

Vendor Name: _____

Print Name of Authorized Agent: _____

Signature of Authorized Agent: _____

FORM 5

CONTRACT SIGNATURE PAGE **VETERINARY SERVICES (ANNUAL CONTRACT)** **RFB No. 20-0056**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Consolidated Government of Columbus, Georgia:

Witness as to the signing of the contract

Signature of Authorized Representative Date

Witness as to the signing of the contract

Print Name and Title of Signatory

(Corporate seal, if applicable)

Company Name

Company Ordering Address

Company Payment Address

Contact _____

Contact _____

Email _____

Email _____

Telephone _____

Telephone _____

Fax _____

Fax _____

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this ____ day of _____ 20____

APPROVED AS TO LEGAL FORM:

Isaiah Hugley, City Manager

Clifton C. Fay, City Attorney

ATTEST:

Sandra T. Davis, Clerk of Council

FORM 6

SOLICITATION ID: RFB No. 20-0056

VETERINARY SERVICES (Annual Contract)

INSURANCE CHECKLIST

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS INDICATED BY "X"

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	
	Comprehensive General Liability:		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	Automobile Liability:		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Other:		
X	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
X	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		
X	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately-owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate(s).

BIDDER NAME: _____

AUTH. SIGNATURE: _____

*****COMPLETE THIS PAGE AND RETURN WITH BID*****

FORM 7

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
--	--	---

Print or type. See Specific Instructions on page 3.	<table style="width: 100%;"> <tr> <td style="width: 70%;"> 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. </td> <td style="width: 30%;"></td> </tr> <tr> <td> 2 Business name/disregarded entity name, if different from above </td> <td></td> </tr> <tr> <td> 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <i>Note:</i> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶ _____ </td> <td> 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> </td> </tr> <tr> <td> 5 Address (number, street, and apt. or suite no.) See instructions. </td> <td> Requester's name and address (optional) </td> </tr> <tr> <td> 6 City, state, and ZIP code </td> <td></td> </tr> <tr> <td colspan="2"> 7 List account number(s) here (optional) </td> </tr> </table>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		2 Business name/disregarded entity name, if different from above		3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <i>Note:</i> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	6 City, state, and ZIP code		7 List account number(s) here (optional)	
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
2 Business name/disregarded entity name, if different from above													
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <i>Note:</i> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>												
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)												
6 City, state, and ZIP code													
7 List account number(s) here (optional)													

Part I Taxpayer Identification Number (TIN)
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> or Employer identification number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Part II Certification
 Under penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3. I am a U.S. citizen or other U.S. person (defined below); and
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
Purpose of Form
 An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/identitytheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Attachment A

Veterinary Service Sheet

Date	Time In	Time Out	Service Provided	Veterinarian	Verified By

☒ **CHECKLIST** ☒

Veterinary Services

(Annual Contract)

RFB No. 20-0056

CHECK OFF EACH ITEM AS THE NECESSARY ACTION IS COMPLETED:

___ 1. PRICING HAS BEEN CHECKED.

___ 2. ADDENDA (IF ANY) HAVE BEEN SIGNED.

___ 3. ALL SUBMISSION REQUIREMENTS FROM PAGES 11 & 12 ARE INCLUDED.

___ 4. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:

**Columbus Consolidated Government
Purchasing Division – Attn: Patti Postorino
5th Floor, Tower Bldg.
100 10th Street
Columbus, Georgia 31901**

___ 5. THE MAILING ENVELOPE HAS BEEN SEALED **AND** MARKED WITH THE:

BID TITLE: **Veterinary Services (Annual Contract)**
BID NUMBER: **RFB 20-0056**
OPENING DATE: **Wednesday, April 1, 2020**

*** Opening date subject to change by Addendum**

 PLEASE CONSIDER THE ENVIRONMENT 

***Please submit ONLY what is required.
Keep the remaining pages of this document for your records/recycle.***

This checklist is for informative purposes only and is not intended to be a part of the formal bid document.

EXHIBIT C

Columbus Consolidated Government

Veterinary Services (Annual Contract)

RFB No. 20-0056

*Dr. Henry (Hank) Hall, DVM
Doctor of Veterinary Medicine*

Bid Submission

FORM 4

COMMUNICATION CONCERNING THIS SOLICITATION

THIS PAGE MUST BE SIGNED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION. BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS, INCLUDING NON-CCG EMPLOYEES, CONTRACTED PERSONNEL ASSOCIATED WITH THIS PARTICULAR PROJECT (I.E. ARCHITECTS, ENGINEERS, CONSULTANTS), OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER. IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION. QUESTIONS AND REQUESTS FOR CLARIFICATION MUST BE SUBMITTED AT LEAST FIVE (5) BUSINESS DAYS BEFORE THE DUE DATE.

ANY REQUEST/CONCERN/PROTEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

I agree to forward all communication about this solicitation, in writing, to the Purchasing Division. I understand that communication with other persons, other than the Purchasing Division, will render my Bid/Proposal response non-responsive and I will no longer be considered in the solicitation process.

Vendor Name: Dr. Ydall DVM
Print Name of Authorized Agent: HENRY J. HALL DVM
Signature of Authorized Agent: Henry J. Hall DVM

FORM 1

BID FORM

**VETERINARY SERVICES (ANNUAL CONTRACT)
RFB NO. 20-0056**

IMPORTANT INFORMATION:

PLEASE SUBMIT ONE (1) ORIGINAL AND ONE (1) IDENTICAL COPY OF EACH BID.

By signing this Bid Form, the authorized representative understands the City reserves the right to request any omitted information, **WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE**. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information, to exclude Communication Concerning This Solicitation and E-Verify. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete". Use the following check-list to verify the items are included in sealed bid:

- ☒ Bid Form/Pricing Pages (Form 1, Pages 16-17)
☒ Statement of Qualifications & Work Guarantee (Form 2) ☐ E-Verify (Form 3) *N/A*
☒ Communication Concerning This Solicitation (Form 4) ☒ Contract Signature Page (Form 5)
☒ Insurance Checklist (Form 6) ☒ W-9 Rev 2018 (Form 7)
☒ Veterinary License ☒ DEA Certification ☒ Business License

Initial below to acknowledge receipt of the following addenda (if any): ☒

Addendum No. 1 _____ Addendum No. 2 _____ Addendum No. 3 _____

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all services and terms of the Columbus Consolidated Government.

DR. HANK HALL
Vendor Business Name

SANDY 31811@Gmail.com
Email Address

Dr. Hank Hall
Authorized Signature

DR. HANK HALL
Print Name

8-5-2020
Date

Please circle and initial if Business is {Minority} or {Woman Owned}: _____

If certified as a DBE or WBE, list the certifying agency: _____

Not Minority, Woman or DBE owned (please initial) ADH

*****COMPLETE ALL PAGES AND RETURN WITH BID*****

PRICING PAGE

VETERINARY SERVICES (ANNUAL CONTRACT) RFB No. 20-0056

The following bid is submitted to provide professional veterinarian services for the Columbus Animal Care and Control Center (ACCC) (under the Public Works Department) located at 4910 Milgen Road, Columbus, GA in accordance with the specification requirements.

Having examined, and on the basis of, the specification requirements; Contractor proposes to provide the hereto described professional services, in the manner specified, at the following per hour fee:

CONTRACTOR'S BID FEE: \$ 125.00 PER HOUR

and; provide drugs and other such medical supplies, on an "as needed basis". The quantity of items specified herein is based upon the best information obtainable and represent the **ESTIMATED** usage for a one-year period. **THE CITY MAY PURCHASE SOME, ANY, ALL OR NONE OF THE ITEMS LISTED BELOW:**

	ITEM	ESTIMATED QUANTITY	UNIT PRICE	EXTENDED COST
1	Euthasol (Animal Euthanizer)	30 Bottles (100 cc)	\$ 57.75	\$ 1,732.50
2	Xylazine/Ketamine Mix	78 Bottles (936 cc)	\$ 6.92	\$ 538.70
3	Xylazine (Deer Tranquilizer)	10 Bottles	\$ 21.49	\$ 214.90
4	Needles (20 ga x 1 in)	25 Boxes	\$ 6.00	\$ 150.00
5	3 cc syringes w/needle	25 Boxes	\$ 7.80	\$ 195.00
6	Needles (22 ga x 1 1/2 in)	10 Boxes	\$ 6.00	\$ 60.00
7	Needles (22ga x 1 in)	10 Boxes	\$ 5.99	\$ 59.90
8	Needles (25ga x 5/8 in)	5 Boxes	\$ 6.00	\$ 30.00
9	Needles (18 ga x 1 in)	5 Boxes	\$ 6.00	\$ 30.00
10	Doxycycline (Antibiotic)	10 Bottles	\$ 33.51	\$ 335.10
11	Chlordheniramine (antihistamine)	5 Bottles	\$ 7.40	\$ 37.00
12	Cephalexin (Oral Antibiotic Canine)	1 Bottle (500 mg)	\$ 275.73	\$ 275.73
13	Carprofen (pain medication)	1 Bottle (100 mg)	\$ 64.60	\$ 64.60
14	Vanguard - B (Vaccines)	2300	\$ 3.06	\$ 7,038.00
15	Rabies Tags	1600	\$ 0.15	\$ 240.00
16	Defensor (Vaccine)	1600	\$ 1.16	\$ 1,856.00
17	Vanguard Plus 5L4	1600	\$ 3.94	\$ 6,304.00
18	Vanguard Plus 5	700	\$ 3.13	\$ 2,191.00
19	Fellocell 3 (Feline Vaccine)	1000	\$ 1.82	\$ 1,820.00
20	Revolution (cat flea & tick)	6 Boxes	\$ 80.04	\$ 480.24
21	Nexguard (dog flea & tick)	5 Boxes	\$ 811.20	\$ 4,056.00

Name: Frank T. Hall Company Name: Dr. Frank T. Hall

*****COMPLETE THIS PAGE AND RETURN WITH BID****

FORM 2

STATEMENT OF QUALIFICATIONS & WORK GUARANTEE

VETERINARY SERVICES (ANNUAL CONTRACT) RFB NO. 20-0056

- Company Name: Dr Hall DVM
- Permanent Main Office Address: 161 Four Lot Rd Idamilton, GA 31811-4103
- How many years have you been engaged in this business under your present company/trade name? 43 years
- Attach resume'(s) of personnel that will be assigned to this contract. None (N/A)
- Have you ever failed to complete a project and/or defaulted on a contract? If so specify when, where, and with whom: No

- List five (5) or more references for whom similar services have been performed within the last three (3) years, stating contract and month/year of completion:

Owner Name/Contact Name Address/Phone/Fax/Email	Contract Name and Completion Month/Year
1. Dr. Matt Clardy 5360 Veterans Pky Cols, GA 31904 (706) 324-0330 Office	Northside Vet Hospital February 2017
2. Dr. John Blazies 5360 Veterans Pky Cols, GA 31904 (706) 324-0333	Northside Vet Hospital February 2017
3. Valerie Carlson 5001 Riverchase Drive Apt 709 Columbus, GA 36867 Carlson.Valerie@columbusga.org (706) 763-7848 Cell (706) 225-4974 Fax	Part time Vet - Columbus Animal Control Feb 2019 - Current
4. Tiffany Burns 8129 Williams Way Columbus, GA 31904 (706) 578-8713 Cell (706) 225-4974 Fax Burns.Tiffany@columbusga.org	Northside Vet Hospital June 2008
5. Condreana Pearson 469 Wickham Drive Columbus, GA 31904 C.pearson@columbusga.org (706) 653-4512 Office	Part time Vet Columbus Animal Control Feb 2019 - Current

Henry J. Hall DVM
Signature of Authorized Representative

HENRY J. HALL DVM
Print Name and Title of Signatory

RETURN THIS PAGE WITH BID

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



**FINANCE DEPARTMENT
PURCHASING DIVISION**

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

October 22, 2020

Addendum No. 5

**Veterinary Services
RFB No. 20-0056**

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials:

Company:

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. DUE DATE EXTENSION

The bid due date has been extended until: Wednesday, October 28, 2020; 2:30 p.m.

**Andrea J. McCorvey
Purchasing Division Manager**

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



**FINANCE DEPARTMENT
PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

June 5, 2020

Addendum No. 4

**Veterinary Services
RFB No. 20-0056**

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials: JH

Company: Henry J. Hall Inc

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. DUE DATE EXTENSION

The bid due date has been extended until: Wednesday, June 10, 2020; 2:30 p.m.

**Andrea J. McCorvey
Purchasing Division Manager**

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



**FINANCE DEPARTMENT
PURCHASING DIVISION**

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

May 12, 2020

Addendum No. 3

**Veterinary Services
RFB No. 20-0056**

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials:

Company:

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. SPECIFICATIONS CHANGE

I. Page 11, Section V, **INSURANCE** is changed to:

The vendor shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract.

Insurance requirements are listed on the attached **Insurance Checklist (Form 6)**. The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. *(Certificate of Insurance is acceptable)*. The Insurance Checklist will indicate to the City the bidder's ability and agreement to provide the required insurance in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within 10 business days after award notification. The Certificate of Insurance will name Columbus Consolidated Government as additional insured, as well as, list the applicable project or annual contract name, and/or Solicitation name and number. The Certificate of Insurance will be included with the contract documents prior to sign.

Andrea J. McCorvey
Purchasing Division Manager



COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



**FINANCE DEPARTMENT
PURCHASING DIVISION**

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
BidLine 706-225-4536
www.columbusga.org

May 8, 2020

Addendum No. 2

**Veterinary Services
RFB No. 20-0056**

Acknowledgment of receipt of Addenda must be included with sealed Quote. Include an initialed copy of each addendum or initial the appropriate area on the Quote Form.

Initials: HJH

Company: Henry J. Hall DVM

Vendors are informed that the above subject Price Quote is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

A. DUE DATE EXTENSION

The bid due date has been extended until: **Wednesday, June 3, 2020; 2:30 p.m.**

B. SPECIFICATIONS UPDATE

1. Page 11, Section VIII, Bid Submission Requirements, Item G is changed to:
G. DEA Certification: Submit signed statement (Page 15, Section V, #3).
2. Page 15, Section V, Item 3 is changed to:
The contracted vendor shall obtain a DEA Certification from the U.S. DOJ, Diversion Control Division for this shelter to have controlled substances onsite. Vendor shall include with bid a signed statement demonstrating their understanding of this requirement, i.e. "If awarded this contract, I will obtain a DEA Certification from the U.S. DOJ, Diversion Control Division for this shelter to have controlled substances onsite."

C. SUBMISSION REQUIREMENTS

Due to the COVID-19 pandemic, the Purchasing Division is suspending the receipt of hard copies of sealed responses and public solicitation openings until further notice. Effective immediately, responses must be submitted via DemandStar.

There is no cost to submit responses electronically through DemandStar; you will only incur a fee if you opt to receive e-notifications directly from DemandStar. You must select "Columbus Consolidated Government" as your

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340
706-225-4087, Fax 706-225-3033
www.columbusga.gov

March 20, 2020

ADDENDUM NO. 1

Veterinary Services (Annual Contract)
RFB No. 20-0056

Bids should include acknowledgement of receipt for all Addenda. Initial below or initial the designated area on the Bid Form (Pricing Page)

Authorized Initials: SPH Company: Henry J. Hall DVM

Vendors are informed that the above subject RFB is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

I. BID OPENING

Due to the COVID-19 outbreak, as a public health precautionary measure, the Purchasing Division will not hold a public bid opening. As always, approximately two days after the bid opening, the bid tabulation will be available for public view on the Columbus Consolidated Government / Finance / Purchasing Division webpage at

https://www.columbusga.gov/finance/purchasing/docs/tabulations/bid_tabulations.htm.

You can also send an email to BidOpportunities@columbusga.org to request a copy of the bid tabulation.

Andrea J. McCorvey,
Purchasing Division Manager

**HOME OCCUPATION
OCCUPATIONAL TAX CERTIFICATE APPLICATION**

HARRIS COUNTY COMMUNITY DEVELOPMENT,
125 Barnes Mill Road, PO Box 689, Hamilton, GA 31811-0689
Phone 706-628-4700 Fax 706-628-4140

ALSO NECESSARY TO PROCESS APPLICATION: COPIES OF DRIVER'S LICENSE, PROPERTY TAX RECEIPT(S), STATE LICENSE, AND FOOD PERMIT FROM
HEALTH DEPARTMENT (IF DEALING WITH FOOD) OR CERTIFICATE FROM THE DEPARTMENT OF AGRICULTURE & AFFIDAVIT VERIFYING STATUS

(PLEASE PRINT & ANSWER ALL QUESTIONS)

BUSINESS INFO

1. Legal Name of Business Dr. Hank Hall
2. Doing Business As Dr. Hank Hall
3. Phone Number 706-577-6561
4. Street Address 161 Four Lot Rd
City/State/Zip Hamilton GA 31811
5. Mailing Address Same
City/State/Zip _____
6. E-Mail Address Samdy31811@gmail.com
7. Georgia Sales & Use Tax Identification # _____ OR Social Security # 261-90 2328
8. State License # (if applicable) 1750 Expiration Date: 12/31/2020
9. Type of activity to be performed at the business address: Veterinarian Services for
Mobile Vet Service Animal Control

APPLICANT/OWNER INFO

10. Name Dr. Hank Hall Henry Joseph Hall
11. Phone Numbers: (Home) NONE (Cell) 706-577-6561
12. Street Address (if different from #4 above) _____
City/State/Zip _____
13. Mailing Address (if different from #5 above) _____
City/State/Zip _____
14. Type of Ownership: ☒ Sole Proprietor ☐ Partnership ☐ Corporation* ☐ LLC*
*If Corporation or LLC, indicate the exact, complete name as it is registered with the Georgia Secretary of State's Office

Corporation Address _____

City/State/Zip _____

PROPERTY INFO

15. Total Acreage: 0
16. Property is Zoned: residential Resort
17. Do you own or rent your home? OWN RENT
18. If "rent", indicate name of owner(s): _____
(Note: If "rent", a letter from owner giving you permission to do business in the home is required)
19. Do you have or do you plan to have an accessory structure? YES NO If YES, what size: _____

EMPLOYEE INFO (include owner(s) and any full-time and/or part-time on-premise employees)

20. Total **HOURS** worked by all Part-Time employees/week: \$
21. Total **NUMBER** of Full-Time employees who work 40+ hours/week: 0
22. Total Equivalent Full-Time employees (divide answer in "20" by 40): 0
23. Total **EMPLOYEES** (add "21" and "22" together): 0
24. How many employees reside IN the home? 1
25. How many employees DO NOT reside in the home but work on-premises? 0

ACKNOWLEDGMENT

I, the undersigned applicant, do swear that the foregoing statements and facts are true, that no false or fraudulent statement is made herein, that such answers were made in order to procure an Occupational Tax Certificate, that any falsehoods may be grounds for dismissal of this application or subsequent revocation of the Certificate; and that should the number of employees reflected above increase, I will notify the Department.

Harry J. Hall
Signature of Applicant/Owner

7-14-20
Date

Note: Some of the information reflected on this form will be provided to the Georgia Department of Revenue.

FOR OFFICE USE ONLY

Date Received: 7/14/2020 Amount Due: \$ 50.00 Amount Paid: \$ _____ Paid by: Cash Check (#) _____

Personal/Real Property Taxes of Applicant Current? ☒ YES NO Personal/Real Property Taxes of Property Current? YES NO

Property is Zoned: Resort Map & Parcel: 010A 0012067 Type of Home Occupation: ☒ Residential Rural

Standard Industrial Classification (SIC) Code: 541940

Restrictions: _____

Decision: ☒ Approved ☐ Denied If denied, reasons: _____

Occupational Certificate Number Issued: _____ Mailed on: _____ OR Picked up on: _____

Processed by (signature) Julie Oliver (printed name) Julie Oliver
Rev. 08/2015

Administration Fee \$25.00
Occupational Tax \$25.00

MATERIAL SAFETY DATA SHEETS

Columbus Consolidated Government

Veterinary Services (Annual Contract)

RFB No. 20-0056

*Dr. Henry (Hank) Hall, DVM
Doctor of Veterinary Medicine*

8/12/2020

07-805-9296 | 100 ml | Euthasol Euthanasia Solution C IIIN

Pharmaceutical > Euthanasia > Euthasol® Euthanasia Solution C IIIN



Euthasol® Euthanasia Solution C IIIN

100 ml

VIRBAC ANIMAL HEALTH

Patterson Item #: 07-805-9296

Manufacturer Item #: 5131105001

[View MSDS / SDS \[+ \]](#)

[See My Price](#)

-	1	+
---	---	---

[Add to Cart](#)

Specifications

Active Ingredient:

Pentobarbital sodium 390mg, Phenytoin sodium 50mg, Ethyl alcohol 10%, Propylene glycol 18%, Rhodamine B 0.003688mg, Alcohol 2%, Water

Color Of Medicine:

Clear Pink

Volume:

100 ml

Package Quantity:

1/Pkg

Strength:

390 mg/ml Pentobarbital Sodium; 50 mg/ml Phenytoin Sodium

Presentation:

Liquid

Container Type:

8/12/2020

Bottle
 Delivery Type:
 Injection
 Reconstitution Required:
 N
 NDC Number:
 05131105001

Product Details

Description

Indicated for use in dogs for humane, painless and rapid euthanasia.

Intravenous (IV) administration produces rapid anesthetic action and smooth, quick onset of unconsciousness

Non-sterile containing pentobarbital sodium and phenytoin sodium

Rhodamine B, a bluish-red fluorescent dye is included in formulation to help distinguish it from parenteral drugs

Benzyl alcohol, a bacteriostat, is included to retard growth of microorganisms

IV administration is preferred but intracardiac injection is also possible

Legend

DEA	Hazmat - Chargeable	Ice	List 1	MSDS	Previously Purchased
Hazmat - No Charge	Pedigree	Prescription	Promotion	Formulary	

SAFETY DATA SHEETS

This SDS packet was issued with item:
078059296

N/A



MATERIAL SAFETY DATA SHEET
EUTHASOL® Euthanasia Solution
Product Code: 710101

1. IDENTIFICATION OF THE SUBSTANCE/PREPARATIONS AND OF THE COMPANY UNDERTAKING

Product Name EUTHASOL® Euthanasia Solution
Product Description For euthanasia of dogs
Manufacturer/Supplier Virbac AH, Inc.
Address P.O. Box 162059
Fort Worth, Texas 76161
Phone Number (800) 338-3659
Chemtrec Number (24 hour) (800) 424-9300
Other Emergency Numbers: Poison Control Center: 1-800-222-1222
MSDS Revision Date: March 31, 2012
Supersedes MSDS Dated: March 19, 2009

Material Safety Data Sheet in compliance with OSHA's Hazcom Standard (29 CFR 1910.1200)

2. HAZARDS IDENTIFICATION

Emergency Overview

DANGER!

Harmful if Ingested.

Poison: Keep out of reach of children.
Avoid contact with eyes, skin or clothing.

Routes of Entry

Eye contact - Skin contact - Ingestion - Inhalation

Carcinogenic Status

Contains an ingredient considered carcinogenic by NTP.

Target Organs

Eye - Skin - Respiratory Tract - Gastrointestinal Tract - Cardiovascular - Central Nervous System - Liver - Reproductive - Heart

Health Effects - Eyes

Contact may cause severe eye irritation.

Health Effects - Skin

Contact with skin may cause irritation.

Health Effects - Ingestion

Ingestion of this material causes adverse gastrointestinal, cardiovascular, liver, central nervous system and reproductive effects. Symptoms include drowsiness, headache, mental depression, dizziness, confusion, lack of muscular control, impaired judgement and sedation. In cases of severe overdoses, this material can cause respiratory and cardiovascular suppression, coma and death due to respiratory and circulatory failure. Ingestion of 2 to 3 grams of pentobarbital sodium can be fatal.

Health Effects - Inhalation

Inhalation may cause irritation of respiratory tract.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Component Name	CAS Number	Concentration
Sodium Pentobarbital	57-33-0	31% (390mg/ml)
Phenytoin Sodium	630-93-3	4.72% (50mg/ml)

3. COMPOSITION/INFORMATION ON INGREDIENTS

Component Name	CAS Number	Concentration
Ethyl Alcohol	64-17-5	1 - 10%
Benzyl Alcohol	100-51-6	1 - 10%
Rhodamine B	81-88-9	0.1- <1.0%

4. FIRST AID MEASURES

Eyes

Immediately flood the eye with plenty of water for at least 15 minutes, holding the eye open. Obtain medical attention.

Skin

Wash skin thoroughly with soap and water. Obtain medical attention if redness or soreness persists.

Ingestion

Obtain medical attention immediately. Do not induce vomiting, unless directed to do so by a physician. Never give anything by mouth to an unconscious person.

Inhalation

Remove from exposure. If there is difficulty in breathing, give oxygen. Obtain medical attention immediately.

Advice to Physicians

The rate of onset of effects from this material is relatively short compared to other barbiturates. Treatment is mainly supportive. Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

5. FIRE - FIGHTING MEASURES

Extinguishing Media

Use extinguishing media appropriate for surrounding materials.

Unusual Fire and Explosion Hazards

None known.

Protective Equipment for Fire-Fighting

Wear full protective clothing and self-contained breathing apparatus.

6. ACCIDENTAL RELEASE MEASURES

Wear appropriate protective clothing. Wipe up and transfer into suitable containers for recovery or disposal. Prevent the material from entering drains or watercourses. Notify authorities if spill has entered watercourse or sewer or has contaminated soil or vegetation. Dispose in accordance with federal, state and local regulations for DEA Schedule II controlled substances.

7. HANDLING AND STORAGE

Store between 59°F and 86°F (15°C and 30°C) in original containers. Keep out of sunlight. Keep container tightly closed in a cool dry place. Avoid contact with skin, eyes and clothing. Wash hands after dispensing and before eating, drinking or smoking. Keep away from children.

Special precautions to be taken when administering product: Wear gloves, gowns and protective eyewear. Do not recap used needles by hand. Place used disposable syringes and needles in puncture resistant containers for disposal.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Occupational Exposure Standards

Exposure limits are listed below, if they exist.

Pentobarbital Sodium

ACGIH: TLV 10 mg/m³ TWA 8h

OSHA: PEL 5 mg/m³, respirable fraction

OSHA: PEL 15 mg/m³, total dust

Ethyl Alcohol

ACGIH: 1000 ppm 15-min STEL

OSHA: PEL 1000ppm (1900 mg/m³) 8h TWA

Phenytoin Sodium

None established.

Benzyl Alcohol

None

Engineering Control Measures

No specific measures necessary. Good general room ventilation is expected to be adequate to control airborne levels.

Respiratory Protection

Not required when used according to label directions.

Hand Protection

Rubber gloves

Eye Protection

Glasses or goggles

Body Protection

Normal work wear.

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical State	Liquid
Color	Clear pink
Odor	No data available
pH	12 - 13
Specific Gravity	1.105
Boiling Range/Point (°C/F)	Not applicable
Melting Point (°C/F)	Not applicable
Flash Point (PMCC) (°C/F)	Not flammable
Explosion Limits (%)	No data available
Vapor Pressure	Not applicable
Density	No data available
Solubility in Water	Soluble
Vapor Density (Air = 1)	Not applicable

10. STABILITY AND REACTIVITY

Stability

Stable under normal conditions.

Conditions to Avoid

Heat - contact with incompatible materials

10. STABILITY AND REACTIVITY

Materials to Avoid

Acids - oxidizing agents

Hazardous Polymerization

Will not occur.

Hazardous Decomposition Products

Oxides of carbon – organic compounds – toxic fumes of nitrogen oxides and sodium oxide - benzaldehyde

11. TOXICOLOGICAL INFORMATION

See product insert and/or packaging for additional information.

Acute Toxicity

Pentobarbital sodium: Oral LD50 (rat) 118 mg/kg

Ethyl Alcohol: Oral LD50 (rat) 7060 mg/kg

Phenytoin Sodium: Oral LD50 (rat) 1530 mg/kg

Benzyl Alcohol: Oral LD50 (rat) 1230 mg/kg

Dermal LD50 (rabbit) 2000 mg/kg

Inhalation LC50 (rat) 74.187 mg/l, 4h

Specific Target Organ Systemic Toxicity (single and repeat)

Pentobarbital sodium: Causes central nervous system effects similar to alcohol inebriation and adverse liver effects. Ingestion can cause respiratory and cardiovascular depression, coma and death. The potentially fatal dose is 2-3 grams.

Ethyl Alcohol: Chronic exposure can result in adverse liver, heart and central nervous system effects.

Benzyl alcohol: Causes adverse central nervous system effects.

Serious Eye damage/Eye Irritation

Ethyl Alcohol: Causes severe eye irritation.

Benzyl Alcohol: Causes moderate to severe eye irritation.

Skin Corrosion/Irritation

Ethyl alcohol: Mildly irritating.

Benzyl Alcohol: Causes mild to moderate skin irritation.

Respiratory or Skin Sensitization

No relevant studies identified.

Carcinogenicity

Phenytoin Sodium: Reasonably anticipated to be human carcinogen (NTP).

Germ Cell Mutagenicity

Pentobarbitone (free acid) was positive in multiple assays.

Benzyl Alcohol: Ames testing showed no mutagenic activity and mixed results both positive and negative were observed from other in-vitro genotoxicity assays. Benzyl alcohol showed no genotoxicity during in-vivo testing. The weight of the evidence indicates this material is not mutagenic or clastogenic.

Toxicity to Reproduction

Pentobarbital sodium: Based on animal studies on pentobarbitone (free acid) and studies for other barbiturates, pentobarbital sodium may affect the developing fetus. The placental transfer of this material in humans has been documented. Neonates from mothers exposed therapeutically to barbiturates have shown blood coagulation disorders and drug withdrawal symptoms. Doses of 600 – 750 mg administered intravenously to mothers before delivery caused moderate to severe neonatal depression in 40% of the infants with a delay in the establishment of normal respiration. Doses up to 300 mg showed no appreciable effects.

Ethyl Alcohol: Ingestion of ethyl alcohol during pregnancy has caused adverse reproductive effects (fetal alcohol syndrome) but only at doses that are maternally toxic.

12. ECOLOGICAL INFORMATION

This product is toxic to wildlife. Birds and mammals feeding on treated animals may be killed.

Mobility

No relevant studies identified.

Persistence/Degradability

No relevant studies identified.

Bio-accumulation

No relevant studies identified.

Ecotoxicity

Pentobarbital sodium: LC50 Fathead minnow 49mg/l (4 day)

Benzyl alcohol : Bluegill sunfish LC50:10 mg/l 96hr

Daphnia Magna EC50: 15.2 mg/l 48 hr

Chlorella pyrenoidosa (Algae) EC50:95 mg/l 3hr

13. DISPOSAL CONSIDERATIONS

Euthanized animals: must be properly disposed of by deep burial, incineration, or other method in compliance with state and local laws, to prevent consumption of carcass material by scavenging wildlife.

Waste Disposal: Dispose of in a manner approved for US DEA Schedule II controlled substances.

Empty Container Disposal: Empty containers must be triple rinsed prior to disposal and may be disposed of according to local regulations.

14. TRANSPORT INFORMATION

Contact supplier for transport information.

15. REGULATORY INFORMATION

US REGULATIONS (Federal, State) and INTERNATIONAL CHEMICAL REGISTRATION LAWS

TSCA Listing

This product contains ingredients that are exempt from listing on the EPA Toxic Substance Control Act Chemical Inventory.

DSL (Canadian) Listing

This product contains ingredients that have been verified for listing on the Domestic Substance List (DSL) or the Non-Domestic Substance List (NDSL).

WHMIS Classification

D1B,D2A

This product was classified in accordance with the hazard criteria of the Canadian Controlled Products Regulations and the MSDS contains all the information required by these regulations.

MA Right To Know Law

This product contains the following chemicals on the Massachusetts Right to Know Law: Ethyl alcohol - Benzyl alcohol

PA Right To Know Law

This product contains the following chemicals on the Pennsylvania Hazardous Substance List: Ethyl alcohol - Rhodamine B

NJ Right To Know Law

This product contains the following chemicals on the New Jersey Workplace Hazardous Substance List: Pentobarbital Sodium - Ethyl alcohol - Benzyl alcohol

15. REGULATORY INFORMATION

California Proposition 65

This product contains the following materials which the State of California has found to cause cancer, birth defects or other reproductive harm: Pentobarbital Sodium – Phenytoin Sodium – Rhodamine B

SARA Title III Sect. 311/312 Categorization

Immediate (Acute) Health Hazard, Delayed (Chronic) Health Hazard

SARA Title III Sect. 313

This product contains the following chemicals that are listed in Section 313 at or above de minimis concentrations: Pentobarbital Sodium

16. OTHER INFORMATION

NFPA Ratings

NFPA Code for Flammability - 1
NFPA Code for Health - 2
NFPA Code for Reactivity - 0
NFPA Code for Special Hazards - 0

HMIS Ratings

HMIS Code for Flammability - 1
HMIS Code for Health - 3*
HMIS Code for Reactivity - 0
HMIS Code for Personal Protection - See Section 8

(* - Chronic health hazard)

Abbreviations

ACGIH: American Conference of Governmental Industrial Hygienists
BOD: Biological Oxygen Demand
CAS#: Chemical Abstracts Service Number
FIFRA: Federal Insecticide, Fungicide and Rodenticide Act
IARC: International Agency for Research on Cancer
LC50: Lethal Concentration 50%
LD50: Lethal Dose 50%
N/A: Denotes no applicable information found or available
NTP: National Toxicology Program
OSHA: Occupational Safety and Health Administration
PEL: Permissible Exposure Limit
STEL: Short Term Exposure Limit
TLV: Threshold Limit Value
TSCA: Toxic Substance Control Act

For further information call: (800) 338-3650

Prepared By: EnviroNet LLC

EUTHASOL is a registered trademark of Virbac AH, Inc.

The information and recommendations presented in this MSDS are based on sources believed to be accurate. Virbac AH, Inc. assumes no liability for the accuracy or completeness of this information. It is the user's responsibility to determine the suitability of the material for their particular purposes. In particular, we make NO WARRANTY OF MERCHANTABILITY OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED, with respect to such information, and we assume no liability resulting from its use. Users should ensure that any use or disposal of the material is in accordance with applicable Federal, State, and local laws and regulations.

1. IDENTIFICATION

Product Name	EUTHASOL® Euthanasia Solution
Recommended use of the chemical and restrictions on use	
Identified uses	For canine euthanasia
Restrictions on Use	Federal law restricts this drug to use by or on the order of a licensed veterinarian.
Company Identification	Virbac AH, Inc. P.O. Box 162059 Fort Worth, Texas 76161 (800) 338-3659
Customer Information Number	
Emergency Telephone Number	
CHEMTREC Number	(800) 424-9300
Other Emergency Number:	Poison Control Center: 1-800-222-1222 (human) HOT LINE NUMBER: 1-800-345-4735 (human and pet)
Issue Date	May 23, 2016
Supersedes Date	June 30, 2014

Safety Data Sheet prepared in accordance with OSHA's Hazard Communication Standard (29 CFR 1910.1200) and the Globally Harmonized System of Classification and Labelling of Chemicals (GHS)

2. HAZARDS IDENTIFICATION**Hazard Classification**

Acute Toxicity (Oral) - Category 3
Serious eye damage/eye irritation - Category 2A
Skin corrosion/irritation - Category 2
Toxic to Reproduction - Category 2
Carcinogenicity - Category 2

Label Elements**Hazard Symbols**

Signal Word: Danger

Hazard Statements

Toxic if swallowed.
Causes skin irritation.
Causes serious eye irritation.
Suspected of causing cancer.
Suspected of damaging fertility or the unborn child.



SAFETY DATA SHEET
EUTHASOL®
Euthanasia Solution

2. HAZARDS IDENTIFICATION

Precautionary Statements

Prevention

Obtain special instructions before use.
Do not handle until all safety precautions have been read and understood.
Wear eye protection, face protection, protective clothing and protective gloves.
Wash hands thoroughly after handling.
Do not eat, drink, or smoke when using this product.

Response

If swallowed: Immediately call a poison center or doctor. Rinse mouth.
If on skin: Wash with plenty of soap and water. If skin irritation occurs get medical advice/attention. Take
of contaminated clothing and wash it before reuse.
If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy
to do. Continue rinsing. If eye irritation persists: Get medical advice/attention.
If exposed or concerned: Get medical advice/attention.

Storage

Store locked up.

Disposal

Dispose of contents/container in accordance with local and national regulations.

Other Hazards

None

Specific Concentration Limits

The values listed below represent the percentages of ingredients of unknown toxicity.

Acute oral toxicity	< 10%
Acute dermal toxicity	40 - 50%
Acute inhalation toxicity	50 - 60%
Acute aquatic toxicity	40 - 50%

3. COMPOSITION/INFORMATION ON INGREDIENTS

Synonyms:

This product is a mixture.

Component Name	CAS Number	Concentration
Pentobarbital Sodium	57-33-0	35 - 45% (390mg/ml)
Phenytoin Sodium	630-93-3	1 - 10% (50mg/ml)
Ethyl Alcohol	64-17-5	5 - 15%
Benzyl Alcohol	100-51-6	1 - 10%
Sodium Hydroxide	1310-73-2	as needed to adjust pH

4. FIRST AID MEASURES

Description of necessary first-aid measures

Eyes

Immediately flood the eye with plenty of water for at least 15 minutes, holding the eye open. Obtain
medical attention if soreness or redness persists.

4. FIRST AID MEASURES

Skin

Wash skin with soap and water. Obtain medical attention if redness or soreness persists.

Ingestion

Do not induce vomiting. Have victim drink 1-3 glasses of water to dilute stomach contents. Never administer anything by mouth if a victim is losing consciousness, is unconscious or is convulsing. Obtain medical attention immediately.

Inhalation

Remove from exposure. If there is difficulty in breathing, give oxygen. Obtain medical attention if symptoms persist.

Most important symptoms/effects, acute and delayed

Aside from the information found under Description of necessary first aid measures (above) and Indication of immediate medical attention and special treatment needed, no additional symptoms and effects are anticipated.

Indication of immediate medical attention and special treatment needed

Notes to Physicians

The rate of onset of effects from this material is relatively short compared to other barbiturates. Treatment is mainly supportive.

5. FIRE - FIGHTING MEASURES

Extinguishing Media

Use extinguishing media appropriate for surrounding materials.

Unusual Fire and Explosion Hazards

None known

Protective Equipment for Fire-Fighting

Wear full protective clothing and self-contained breathing apparatus.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Wear appropriate protective clothing.

Environmental Precautions

Prevent the material from entering drains or watercourses. Notify authorities if spill has entered watercourse or sewer or has contaminated soil or vegetation.

Methods and materials for containment and cleaning up

Wipe up and transfer into suitable containers for recovery or disposal. Prevent the material from entering drains or watercourses. Dispose in accordance with federal, state and local regulations for DEA Schedule II controlled substances.



SAFETY DATA SHEET
EUTHASOL®
Euthanasia Solution

7. HANDLING AND STORAGE

Precautions for safe handling

Wear appropriate protective clothing. Avoid contact with skin, eyes and clothing. Wash and remove contaminated clothing before reuse. Wash hands thoroughly after handling and before eating, drinking or smoking.

Special precautions to be taken when administering product: Wear gloves, gowns and protective eyewear. Do not recap used needles by hand. Place used disposable syringes and needles in puncture resistant containers for disposal.

Conditions for safe storage

Store between 59°F and 86°F (15°C and 30°C) in original containers. Keep out of sunlight. Keep container tightly closed in a cool dry place.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Control parameters

Exposure limits are listed below, if they exist.

Pentobarbital Sodium

ACGIH: TLV 10 mg/m³ TWA 8h

OSHA: PEL 5 mg/m³, respirable fraction

OSHA: PEL 15 mg/m³, total dust

Ethyl Alcohol

ACGIH: 1000 ppm 15-min STEL

OSHA: PEL 1000ppm (1900 mg/m³) 8h TWA

Phenytoin Sodium

None established.

Benzyl Alcohol

None

Sodium Olefin Sulfonate

Appropriate engineering controls

No specific measures necessary. Good general room ventilation is expected to be adequate to control airborne levels.

Individual protection measures

Respiratory Protection

Not required when used according to label directions.

Skin Protection

Rubber gloves

Eye/Face Protection

Safety glasses or goggles.

Body Protection

Protective clothing.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance

Physical State
Color

Liquid
Clear pink
No data available

Odor

Revision Date: May 23, 2016

9. PHYSICAL AND CHEMICAL PROPERTIES

Odor Threshold	No data available
pH	12 - 13
Specific Gravity	1.105
Boiling Range/Point (°C/F)	No data available
Melting Point (°C/F)	No data available
Flash Point (PMCC) (°C/F)	Not flammable
Vapor Pressure	No data available
Evaporation Rate (BuAc=1)	No data available
Solubility in Water	Soluble
Vapor Density (Air = 1)	No data available
VOC	No data available
Partition coefficient (n-octanol/water)	Not applicable
Viscosity	Not applicable
Auto-ignition Temperature	No data available
Decomposition Temperature	No data available
Upper explosive limit	No data available
Lower explosive limit	No data available
Flammability (solid, gas)	No data available

10. STABILITY AND REACTIVITY

Reactivity

Data is not available

Chemical Stability

Stable under normal conditions.

Possibility of hazardous reactions

Hazardous polymerization will not occur.

Conditions to Avoid

Heat - high temperatures

Incompatible Materials

Acids - oxidizing agents

Hazardous Decomposition Products

Oxides of carbon – organic compounds – toxic fumes of nitrogen oxides and sodium oxide - benzaldehyde

11. TOXICOLOGICAL INFORMATION

Acute ToxicityPentobarbital sodium

Oral LD50 (rat) 118 mg/kg

Ethyl Alcohol

Oral LD50 (rat) 7060 mg/kg



SAFETY DATA SHEET
EUTHASOL®
Euthanasia Solution

11. TOXICOLOGICAL INFORMATION

Acute Toxicity

Phenytoin Sodium

Oral LD50 (rat) 1530 mg/kg

Benzyl Alcohol

Oral LD50 (rat) 1230 mg/kg

Dermal LD50 (rabbit) 2000 mg/kg

Inhalation LC50 (rat) 74.187 mg/l, 4h

Specific Target Organ Toxicity (STOT) – single exposure
No relevant studies identified.

Specific Target Organ Toxicity (STOT) – repeat exposure
No relevant studies identified.

Serious Eye damage/Irritation
This product causes serious eye irritation.

Skin Corrosion/Irritation
This product causes skin irritation.

Respiratory or Skin Sensitization
No relevant studies identified.

Carcinogenicity

Phenytoin Sodium: NTP: Reasonably anticipated to be human carcinogen.

Phenytoin: IARC 2B, Possibly carcinogenic to humans.

Germ Cell Mutagenicity

No relevant studies identified.

Reproductive Toxicity

Pentobarbital: Suspected of damaging the unborn child through oral exposure. FDA Pregnancy Category D: There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans.

Phenytoin: FDA Pregnancy Category D: There is positive evidence of human fetal risk based on adverse reaction data from investigational or marketing experience or studies in humans. Administration of this drug to pregnant animals resulted in teratogenicity (increased incidences of fetal malformations and other developmental toxicity (including embryofetal death, growth impairment, and behavioral abnormalities) in multiple animal species at clinically relevant doses. An increased risk of congenital abnormalities ("fetal hydantoin syndrome") has been associated with the use of phenytoin (the active metabolite of this drug) in epileptic women during pregnancy.

Aspiration Hazard
Not an aspiration hazard.

12. ECOLOGICAL INFORMATION

Ecotoxicity

This product is toxic to wildlife. Birds and mammals feeding on treated animals may be killed.

Pentobarbital sodium

LC50 Fathead minnow 49mg/l (4 day)

Revision Date: May 23, 2016

12. ECOLOGICAL INFORMATION

Ecotoxicity

Benzyl alcohol

LC50 Bluegill sunfish 10 mg/l 96 hr

EC50 Daphnia Magna 15.2 mg/l 48 hr

EC50 Chlorella pyrenoidosa (Algae) 95 mg/l 3 hr

Mobility in soil

No relevant studies identified.

Persistence/Degradability

Sodium Olefin Sulfonate: Readily biodegradable

Bioaccumulative Potential

No relevant studies identified.

Other adverse effects

No relevant studies identified.

13. DISPOSAL CONSIDERATIONS

Disposal Methods

Euthanized animals: must be properly disposed of by deep burial, incineration, or other method in compliance with state and local laws, to prevent consumption of carcass material by scavenging wildlife.

Waste Disposal: Dispose of in a manner approved for US DEA Schedule II controlled substances.

Empty Container Disposal: Empty containers must be triple rinsed prior to disposal and may be disposed of according to local regulations.

14. TRANSPORT INFORMATION

Contact supplier for transport information.

15. REGULATORY INFORMATION

United States TSCA Inventory

This product is a drug and is not subject to the inventory listing requirements of the US Toxic Substance Control Act (TSCA) Chemical Substance Inventory.

Canada DSL Inventory

This product is a drug and therefore is not regulated under the Canadian Environmental Protection Act.

California Proposition 65

This product contains chemicals which the State of California has found to cause cancer, birth defects or other reproductive harm.

SARA Title III Sect. 311/312 Categorization

Immediate (Acute) Health Hazard, Delayed (Chronic) Health Hazard



SAFETY DATA SHEET
EUTHASOL®
Euthanasia Solution

15. REGULATORY INFORMATION

SARA Title III Sect. 313

The following chemicals are listed in Section 313 at or above de minimis concentrations: Pentobarbital
Sodium

16. OTHER INFORMATION

Legend

ACGIH: American Conference of Governmental Industrial Hygienists
BOD: Biological Oxygen Demand
CAS#: Chemical Abstracts Service Number
FIFRA: Federal Insecticide, Fungicide and Rodenticide Act
IARC: International Agency for Research on Cancer
LC50: Lethal Concentration 50%
LD50: Lethal Dose 50%
N/A: Denotes no applicable information found or available
NTP: National Toxicology Program
OSHA: Occupational Safety and Health Administration
PEL: Permissible Exposure Limit
STEL: Short Term Exposure Limit
TLV: Threshold Limit Value
TSCA: Toxic Substance Control Act

Revision Date: May 23, 2016

Replaces: June 30, 2014

Changes made: Updated to GHS classification.

Information Source and References

This SDS is prepared by Hazard Communication Specialists based on information provided by internal company references.

Prepared By:

EnviroNet LLC.

EUTHASOL is a registered trademark of Virbac AH, Inc.

The information and recommendations presented in this SDS are based on sources believed to be accurate. Virbac AH, Inc. assumes no liability for the accuracy or completeness of this information. It is the user's responsibility to determine the suitability of the material for their particular purposes. In particular, we make **NO WARRANTY OF MERCHANTABILITY OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED**, with respect to such information, and we assume no liability resulting from its use. Users should ensure that any use or disposal of the material is in accordance with applicable Federal, State, and local laws and regulations.

8/12/2020

07-890-8598 | 10 ml | KetaVed C III

Pharmaceutical > Pharmaceutical Anesthetics > KetaVed® C III



KetaVed® C III

10 ml

VEDCO INC

Patterson Item #: 07-890-8598

Manufacturer Item #: VINV-KETA-0VED

[View MSDS / SDS \[+ \]](#)

[See My Price](#)

-	1	+
---	---	---

[Add to Cart](#)

Specifications

Active Ingredient:
Ketamine Hydrochloride

Color Of Medicine:
Clear

Volume:
10 ml

Package Quantity:
1/Pkg

Strength:
100 mg/ml

Presentation:
Liquid

Container Type:
Bottle

8/12/2020

07-890-8598 | 10 ml | KetaVed C III

Delivery Type:

Injection

Reconstitution Required:

N

NDC Number:

05098916106

Product Details

Description

KetaVed® (Ketamine HCl 100 mg/ml) is indicated for use in cats for restraint or as the sole anesthetic agent for diagnostic or minor, brief surgical procedures that do not require skeletal muscle relaxation.

Legend

DEA	Hazmat - Chargeable	Ice	List 1	MSDS	Previously Purchased
Hazmat - No Charge	Pedigree	Prescription	Promotion	Formulary	

SAFETY DATA SHEETS

This SDS packet was issued with item:
078908598

The safety data sheets (SDS) in this packet apply to the individual products listed below. Please refer to invoice for specific item number(s).

078696095

CU Chemie Uetikon GmbH MATERIAL SAFETY DATA SHEET
Raiffelsenstrasse 4 Date of issue: May 26, 2006
D-77933 Lahr
Tel: ++49 7821 585 0 K1350



KETAMINE HYDROCHLORIDE

1. Product and company identification:

Name: **KETAMINE HYDROCHLORIDE**

SUPPLIER:

CU Chemie Uetikon GmbH
Raiffelsenstrasse 4
D-77933 Lahr, Germany

Tel: ++49 7821 585 0; Fax: ++49 7821 585 230; Emergency phone number: ++49 7821 585 205

2. Composition/Information on Ingredients:

Ketamine Hydrochloride [2-(2-Chlorophenyl)-2-(methylamino)-cyclohexanone hydrochloride]

CAS-No.: 1867-66-9

EINECS-No.: 2174846

Hazard symbol(s): Xn – Harmful

R-Sentences (See Point 15): R20/22: Harmful by inhalation and if swallowed.

3. Hazard Identification:

Hazard symbol(s): Xn – Harmful

R20/22: Harmful by inhalation and if swallowed.

4. First-Aid Measures:

General measure: remove contaminated clothing. In case of risk of unconsciousness, keep and transport the victim in a stable lateral recumbent position. If necessary apply mechanical ventilation. Take care to self-protection.

Inhalation: keep warm and rest, give fresh air and obtain medical attention.

Skin contact: Immediately wash the skin with plenty of water/soap. If symptoms appear, obtain medical attention.

Eye contact: Irrigate with eyewash solution or clean water for at least 15 minutes, holding the eyelids apart. Obtain Immediate medical attention.

Ingestion: Immediately wash out mouth with plenty of water. Obtain Immediate medical attention. Keep the patient calm.

5. Fire Fighting Measures:

Extinguishing Media: water spray, powder, foam, CO₂,

Not suitable: -

Wear self contained respiratory system and full protective clothing.

Collect contaminated spilled water from extinguishing to avoid contamination of environment.

Hazardous decomposition products: See point 10.

CU Chemie Uetikon GmbH
Raiffeisenstrasse 4
D-77933 Lahr
Tel: ++49 7821 585 0

MATERIAL SAFETY DATA SHEET
Date of issue: May 26, 2006

K1350



KETAMINE HYDROCHLORIDE

6. Accidental Release Measures:

Personal precautions:

Evacuate area, eliminate all sources of ignition. Keep area well-ventilated. Wear appropriate protective clothing (see point 8). Avoid all contact with eyes and skin.

Environmental precautions:

Prevent the material from contaminating environment, from entering drains of water courses, soils.

Spillages:

Pick up mechanically and transfer into suitable closed containers for disposal.

7. Handling and Storage:

Handling:

Keep working areas well-ventilated. Keep far from sources of ignition and take steps in order to avoid electrostatic discharges. Wear appropriate protective clothing (see point 8). Avoid all contact with eyes and skin. Avoid contamination of the environment. Emergency shower, eye wash facility and fire extinguisher should be readily available.

Storage:

Keep container tightly closed at a cool, well-ventilated area.

8. Exposure Controls/Personal protection:

Exposure standards:

No specific.

Personal protective equipment:

Respiratory protection: dust mask.

Eye protection: Tight chemical goggles.

Hand protection: chemical-proof gloves, for example Nitril-gloves.

Body protection: Wear appropriate tight protective clothing.

Avoid contact with eyes, skin or clothing. Do not breathe dust or vapours. During work, do not eat, drink or smoke.



KETAMINE HYDROCHLORIDE

9. Physical and Chemical Properties:

Form:	Powder
Colour:	White
Odor:	Odorless
Melting point:	263°C
Bolling point:	Decomposition
Flash point:	N.A.
Auto-flammability:	N.K.
Relative density (at 20°C):	N.A.
pH-value:	N.K.
Solubility in water:	about 20g in 100ml at room temperature.
Vapour pressure:	N.K.
Partition coefficient	
n-Octanol/Water:	N.K.

N.K.: Not known / Not measured.

N.A.: Not applicable.

10. Stability and Reactivity:

Stability:	Stable under normal conditions.
Conditions to avoid:	Heat.
Materials to avoid:	Acids, bases, oxidizers.
Hazardous decomposition products:	Combustion will generate hydrogen chloride, hazardous chlorinated compounds, carbon- and nitrogen oxides.

11. Toxicological Information:

RTECS : GW 1400000
TXDS: orl-rat LD50: 447 mg/kg
 orl-mus LD50: 617 mg/kg
 unk-man TDLo: 1 mg/kg; TFX: CNS
 ivn-hmn TDLo: 2 mg/kg; TFX: PSY
 ivn-mus LD50: 180 mg/kg
 lpr-rat LD50: 224 mg/kg

Harmful; Ketamine Hydrochloride ist a general anesthetic!

12. Ecological Information:

No ecotoxicological data known. Do not release into environment.

CU Chemie Uetikon GmbH
Raiffeisenstrasse 4
D-77933 Lahr
Tel: ++49 7821 585 0

MATERIAL SAFETY DATA SHEET
Date of issue: May 26, 2006

K1350



KETAMINE HYDROCHLORIDE

13. Disposal considerations:

Product: Incinerator for chemicals, in accordance with local laws.

Container: Do not cut, puncture or weld on or near to the container. Empty containers may contain hazardous residues. Containers should be cleaned by appropriate method and then re-used or disposed by landfill or incineration as appropriate, in accordance with local laws. Do not remove labels from containers until they have been cleaned.

14. Transport Information:

Not classified as dangerous good.

15. Regulatory Information:

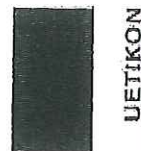
Hazard symbol(s): Xn – Harmful

R-phrases: R20/22: Harmful by inhalation and if swallowed.
S-phrases: S20: When using do not eat or drink.
S22: Do not breathe dust.
S24/25: Avoid contact with skin and eyes.

16. Other Information:

The instructions are based on the present standard of our knowledge. They are meant to describe our products only in a view of required safety and therefore do not promise any properties.

The receiver has to apply existing laws in his own responsibility.



Ketamine hydrochloride

1. Product and company identification:

Name: Ketamine hydrochloride

Use: Pharmaceutical active ingredient (Anesthetic agent)

SUPPLIER:

CU Chemie Uetikon GmbH

Raiffelsenstrasse 4

D-77933 Lahr, Germany

Tel: ++49 7821 585 0; Fax: ++49 7821 585 230;

Emergency phone number: ++49 7821 585 0 (office hours).

2. Hazard Identification:

Classification / Labelling according to 1272/2008/EC:

Classification:

Acute Toxicity, Oral: Category 4, Acute Toxicity, Inhalation: Category 4.

Pictogram(s):



Signal word: WARNING

Hazard statements:

H302: Harmful if swallowed.

H332: Harmful if inhaled.

Precautionary statements:

P261: Avoid breathing dust/fume/gas/mist/vapours/spray.

P264: Wash hands thoroughly after handling.

P270: Do not eat, drink or smoke when using this product.

P310: Immediately call a POISON CENTER or doctor/physician.

P330: Rinse mouth.

P501: Dispose of contents/container to incinerator for chemicals.

Classification / Labelling according to 67/548/EEC:

Hazard symbol(s): Xn – Harmful

R-phrases:

R20/22: Harmful by inhalation and if swallowed.

S-phrases:

S20: When using do not eat or drink.

CU Chemie Uetikon GmbH
Raiffelsenstrasse 4
D-77933 Lahr
Tel: ++49 7821 585 0

MATERIAL SAFETY DATA SHEET
according to regulation(EC) No. 1907/2006
Date of revision: October 29, 2014 / Version 02.1
K1350



Ketamine hydrochloride

S24/25: Avoid contact with skin and eyes.

Other hazards:

May be absorbed through the skin, eventually in harmful amounts.

3. Composition/Information on Ingredients:

Ketamine Hydrochloride [2-(2-Chlorophenyl)-2-(methylamino)-cyclohexanone hydrochloride] 100%
CAS-No.: 1867-66-9 EINECS-No.: 217-484-6 Index-No.: --
Classification / Labelling see under Item 2

4. First-Aid Measures:

General measure: remove contaminated clothing. In case of risk of unconsciousness, keep and transport the victim in a stable lateral recumbent position. If necessary apply mechanical ventilation. Take care to self-protection.

Inhalation: keep warm and rest, give fresh air and obtain medical attention.

Skin contact: Immediately wash the skin with plenty of water/soap. If symptoms appear, obtain medical attention.

Eye contact: Irrigate with eyewash solution or clean water for at least 15 minutes, holding the eyelids apart. Obtain immediate medical attention.

Ingestion: Immediately wash out mouth with plenty of water. Obtain immediate medical attention. Keep the patient calm.

5. Fire Fighting Measures:

Extinguishing Media: water spray, powder, foam, CO₂.

Not suitable: -

Wear self contained respiratory system and full protective clothing.

Collect contaminated spilled water from extinguishing to avoid contamination of environment.

Hazardous decomposition products: See item 10.

6. Accidental Release Measures:

Personal precautions:

Evacuate area, eliminate all sources of ignition. Keep area well-ventilated. Wear appropriate protective clothing (see Item 8). Avoid all contact with eyes and skin.

Environmental precautions:

Prevent the material from contaminating environment, from entering drains of water courses, soils.

Spillages:

Pick up mechanically and transfer into suitable closed containers for disposal.

CU Chemie Uetikon GmbH
Ralfelsenstrasse 4
D-77933 Lahr
Tel: ++49 7821 585 0

MATERIAL SAFETY DATA SHEET
according to regulation(EC) No. 1907/2006
Date of revision: October 29, 2014 / Version 02.1
K1350



Ketamine hydrochloride

7. Handling and Storage:

Handling:

Keep working areas well-ventilated. Keep far from sources of ignition and take steps in order to avoid electrostatic discharges. Wear appropriate protective clothing (see item 8). Avoid all contact with eyes and skin. Avoid contamination of the environment.

Emergency shower, eye wash facility and fire extinguisher should be readily available.

Storage:

Keep container tightly closed at a cool, well-ventilated area.

8. Exposure Controls/Personal protection:

Exposure standards:

No specific.

Personal protective equipment:

Respiratory protection: dust mask.

Eye protection: Tight chemical goggles.

Hand protection: chemical-proof gloves, for example Nitril-gloves.

Body protection: Wear appropriate tight protective clothing.

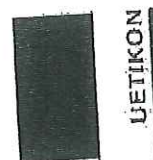
Avoid contact with eyes, skin or clothing. Do not breathe dust or vapours. During work, do not eat, drink or smoke.

9. Physical and Chemical Properties:

Form:	Powder
Colour:	White
Odor:	Odorless
Melting point:	263°C
Boiling point:	Decomposition
Flash point:	N.A.
Auto-flammability:	N.K.
Relative density (at 20°C):	N.A.
pH-value:	N.K.
Solubility in water:	about 20g in 100ml at room temperature.
Vapour pressure:	N.K.
Partition coefficient	
n-Octanol/Water:	N.K.

CU Chemie Uetikon GmbH
Ralf Feisenstrasse 4
D-77933 Lahr
Tel: ++49 7821 585 0

MATERIAL SAFETY DATA SHEET
according to regulation (EC) No. 1907/2006
Date of revision: October 29, 2014 / Version 02.1
K1350



Ketamine hydrochloride

10. Stability and Reactivity:

Stability: Stable under normal conditions.
Conditions to avoid: Heat.
Materials to avoid: Acids, bases, oxidizers.
Hazardous decomposition products: Combustion will generate hydrogen chloride, hazardous chlorinated compounds, carbon- and nitrogen oxides.

11. Toxicological Information:

RTECS : GW 1400000
TXDS: orl-rat LD50: 447 mg/kg
 orl-mus LD50: 617 mg/kg
 unk-man TDLo: 1 mg/kg; TFX: CNS
 ivn-hmn TDLo: 2 mg/kg; TFX: PSY
 ivn-mus LD50: 180 mg/kg
 lpr-rat LD50: 224 mg/kg
Harmful; Ketamine Hydrochloride is a general anesthetic
May be absorbed through the skin, eventually in harmful amounts.

12. Ecological information:

No ecotoxicological data known. Do not release into environment.

13. Disposal considerations:

Product: Incinerator for chemicals, in accordance with local laws.

Container: Do not cut, puncture or weld on or near to the container. Empty containers may contain hazardous residues. Containers should be cleaned by appropriate method and then re-used or disposed by landfill or incineration as appropriate, in accordance with local laws. Do not remove labels from containers until they have been cleaned.

14. Transport Information:

Not classified as dangerous good.

15. Regulatory Information:

Classification / Labelling see under Item 2

CU Chemie Uetikon GmbH
Raiffelsenstrasse 4
D-77933 Lahr
Tel: ++49 7821 585 0

MATERIAL SAFETY DATA SHEET
according to regulation(EC) No. 1907/2006
Date of revision: October 29, 2014 / Version 02.1
K1350



Ketamine hydrochloride

16. Other Information:

The instructions are based on the present standard of our knowledge. They are meant to describe our products only in a view of required safety and therefore do not promise any properties.

The receiver has to applicate existing laws in his own responsibility.

8/12/2020

07-893-3798 | 500/Bottle – CLEARANCE (NON-RETURNABLE) | Doxycycline Hyclate Tablets - 100 mg

Pharmaceutical > Antibiotics - Oral > Doxycycline Hyclate Tablets - 100 mg



Doxycycline Hyclate Tablets

500/Bottle – CLEARANCE (NON-RETURNABLE)

RX GENERICS

Patterson Item #: 07-893-3798

Manufacturer Item #: 42806031205

See My Price

-	1	+
---	---	---

Add to Cart

Specifications

Active Ingredient:

Doxycycline Hyclate

Package Quantity:

500/Bottle

Strength:

100 mg

Presentation:

Tablet

Pill Count:

500

Container Type:

Bottle

Delivery Type:

Oral

Reconstitution Required:

N

8/12/2020

07-893-3798 | 500/Bottle – CLEARANCE (NON-RETURNABLE) | Doxycycline Hyclate Tablets - 100 mg

NDC Number:
42806031205

Legend

DEA	Hazmat - Chargeable	Ice	List 1	MSDS	Previously Purchased
Hazmat - No Charge	Pedigree	Prescription	Promotion	Formulary	



Doxycycline (hyclate)

Revision: 05/07/2018
Supersedes Revision: 01/30/2014

according to Regulation (EC) No. 1907/2006 as amended by (EC) No. 2015/830 and US OSHA HCS 2015

Section 1. Identification of the Substance/Mixture and of the Company/Undertaking

- 1.1 **Product Code:** 14422
Product Name: Doxycycline (hyclate)
Synonyms: (4S,4aR,5S,5aR,6R,12aS)-4-(dimethylamino)-1,4,4a,5,5a,6,11,12a-octahydro-3,5,10,12,12a-pentahydroxy-6-methyl-1,11-dioxo-2-naphthacenecarboxamide, monohydrochloride, monohydrate; WC 2031;
- 1.2 **Relevant identified uses of the substance or mixture and uses advised against:**
Relevant Identified uses: For research use only, not for human or veterinary use.
- 1.3 **Details of the Supplier of the Safety Data Sheet:**
Company Name: Cayman Chemical Company
1180 E. Ellsworth Rd.
Ann Arbor, MI 48108
Web site address: www.caymanchem.com
Information: Cayman Chemical Company +1 (734)971-3335
- 1.4 **Emergency telephone number:** +1 (800)424-9300
Emergency Contact: CHEMTREC Within USA and Canada: +1 (703)527-3887
CHEMTREC Outside USA and Canada:

Section 2. Hazards Identification

- 2.1 **Classification of the Substance or Mixture:**
Acute Toxicity: Oral, Category 4
Skin Corrosion/Irritation, Category 2
Serious Eye Damage/Eye Irritation, Category 2
Specific Target Organ Toxicity (single exposure), Category 3
- 2.2 **Label Elements:**



GHS Signal Word: Warning

GHS Hazard Phrases:

H302: Harmful if swallowed.
H315: Causes skin irritation.
H319: Causes serious eye irritation.
H335: May cause respiratory irritation.

GHS Precaution Phrases:

P261: Avoid breathing {dust/fume/gas/mist/vapours/spray}.
P264: Wash {hands} thoroughly after handling.
P280: Wear {protective gloves/protective clothing/eye protection/face protection}.

GHS Response Phrases:

P301+312: IF SWALLOWED: P312: Call a POISON CENTER or doctor/physician if you feel unwell.
P302+352: IF ON SKIN: Wash with plenty of soap and water.
P304+340: IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P305+351+338: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P330: Rinse mouth.
P332+313: IF skin irritation occurs, get medical advice/attention.



Doxycycline (hyclate)

Revision: 05/07/2018
Supersedes Revision: 01/30/2014

P337+P313: If eye irritation persists, get medical advice/attention.

P362: Take off contaminated clothing and wash before re-use.

GHS Storage and Disposal Phrases:

Please refer to Section 7 for Storage and Section 13 for Disposal Information.

2.3 Adverse Human Health

Effects and Symptoms:

Causes skin irritation.

Causes serious eye irritation.

Harmful if swallowed.

Material may be irritating to the mucous membranes and upper respiratory tract.

May be harmful by inhalation or skin absorption.

May cause respiratory irritation.

To the best of our knowledge, the toxicological properties have not been thoroughly investigated.

Section 3. Composition/Information on Ingredients

CAS # / RTECS #	Hazardous Components (Chemical Name)/ REACH Registration No.	Concentration	EC No./ EC Index No.	GHS Classification
24390-14-5 NA	Doxycycline hyclate	100.0 %	NA NA	Acute Tox.(O) 4: H302 Skin Corr. 2: H315 Eye Damage 2: H319 STOT (SE) 3: H335

Section 4. First Aid Measures

4.1 Description of First Aid

Measures:

In Case of Inhalation:

Remove to fresh air. If not breathing, give artificial respiration or give oxygen by trained personnel.
Get immediate medical attention.

In Case of Skin Contact:

Immediately wash skin with soap and plenty of water for at least 15 minutes. Remove contaminated clothing. Get medical attention if symptoms occur. Wash clothing before reuse.

In Case of Eye Contact:

Hold eyelids apart and flush eyes with plenty of water for at least 15 minutes. Have eyes examined and tested by medical personnel.

In Case of Ingestion:

Wash out mouth with water provided person is conscious. Never give anything by mouth to an unconscious person. Get medical attention. Do NOT induce vomiting unless directed to do so by medical personnel.

Section 5. Fire Fighting Measures

5.1

Suitable Extinguishing

Use alcohol-resistant foam, carbon dioxide, water, or dry chemical spray.
Use water spray to cool fire-exposed containers.

Media:

Unsuitable Extinguishing A solid water stream may be inefficient.

Media:

5.2

Flammable Properties and

Hazards:

No data available.

Flash Pt:

No data.

Explosive Limits:

LEL: No data.

UEL: No data.

Autoignition Pt:

No data.

5.3

Fire Fighting Instructions:

As in any fire, wear self-contained breathing apparatus pressure-demand (NIOSH approved or equivalent), and full protective gear to prevent contact with skin and eyes.



Doxycycline (hyclate)

Revision: 05/07/2018
Supersedes Revision: 01/30/2014

Section 6. Accidental Release Measures

- 6.1 **Protective Precautions, Protective Equipment and Emergency Procedures:** Avoid raising and breathing dust, and provide adequate ventilation. As conditions warrant, wear a NIOSH approved self-contained breathing apparatus, or respirator, and appropriate personal protection (rubber boots, safety goggles, and heavy rubber gloves).
- 6.2 **Environmental Precautions:** Take steps to avoid release into the environment, if safe to do so.
- 6.3 **Methods and Material For Containment and Cleaning Up:** Contain spill and collect, as appropriate. Transfer to a chemical waste container for disposal in accordance with local regulations.

Section 7. Handling and Storage

- 7.1 **Precautions To Be Taken In Handling:** Avoid breathing dust/fume/gas/mist/vapours/spray. Avoid prolonged or repeated exposure.
- 7.2 **Precautions To Be Taken in Storing:** Keep container tightly closed. Store in accordance with information listed on the product insert.

Section 8. Exposure Controls/Personal Protection

- 8.1 **Exposure Parameters:**
- 8.2 **Exposure Controls:**
- 8.2.1 **Engineering Controls (Ventilation etc.):** Use process enclosures, local exhaust ventilation, or other engineering controls to control airborne levels below recommended exposure limits.
- 8.2.2 **Personal protection equipment:**
- Eye Protection:** Safety glasses
- Protective Gloves:** Compatible chemical-resistant gloves
- Other Protective Clothing:** Lab coat
- Respiratory Equipment (Specify Type):** NIOSH approved respirator, as conditions warrant.
- Work/Hygienic/Maintenance Practices:** Do not take internally. Facilities storing or utilizing this material should be equipped with an eyewash and a safety shower. Wash thoroughly after handling. No data available.

Section 9. Physical and Chemical Properties

- 9.1 **Information on Basic Physical and Chemical Properties**
- Physical States:** ☐ Gas ☐ Liquid ☒ Solid
- Appearance and Odor:** A crystalline solid
- pH:** No data.
- Melting Point:** No data.
- Boiling Point:** No data.
- Flash Pt:** No data.
- Evaporation Rate:** No data.
- Flammability (solid, gas):** No data available. UEL: No data.
- Explosive Limits:** LEL: No data.
- Vapor Pressure (vs. Air or mm Hg):** No data.
- Vapor Density (vs. Air = 1):** No data.



Doxycycline (hyclate)

Revision: 05/07/2018
Supersedes Revision: 01/30/2014

Specific Gravity (Water = 1):	No data.
Solubility in Water:	No data.
Solubility Notes:	~3 mg/ml in PBS (pH 7.2); ~1 mg/ml in DMSO & DMF;
Octanol/Water Partition Coefficient:	No data.
Autofluorescence Pt:	No data.
Decomposition Temperature:	No data.
Viscosity:	No data.
9.2 Other Information	
Percent Volatile:	No data.
Molecular Formula & Weight:	$2[C_{22}H_{24}N_2O_8] \cdot 2HCl \cdot H_2O \cdot C_2H_6O$ 1025.9

Section 10. Stability and Reactivity

10.1 Reactivity:	No data available.
10.2 Stability:	Unstable [] Stable [X]
10.3 Stability Note(s):	Stable if stored in accordance with information listed on the product insert.
Polymerization:	Will occur [] Will not occur [X]
10.4 Conditions To Avoid:	No data available.
10.5 Incompatibility - Materials To Avoid:	strong oxidizing agents
10.6 Hazardous Decomposition or Byproducts:	carbon dioxide carbon monoxide hydrogen chloride gas nitrogen oxides

Section 11. Toxicological Information

11.1 Information on Toxicological Effects:	The toxicological effects of this product have not been thoroughly studied.
--	---

CAS #	Hazardous Components (Chemical Name)	NTP	IARC	ACGIH	OSHA
24390-14-5	Doxycycline hyclate	n.a.	n.a.	n.a.	n.a.

Section 12. Ecological Information

12.1 Toxicity:	Avoid release into the environment. Runoff from fire control or dilution water may cause pollution.
12.2 Persistence and Degradability:	No data available.
12.3 Bioaccumulative Potential:	No data available.
12.4 Mobility in Soil:	No data available.
12.5 Results of PBT and vPvB assessment:	No data available.
12.6 Other adverse effects:	No data available.



Doxycycline (hyclate)

Revision: 05/07/2018
Supersedes Revision: 01/30/2014

Section 13. Disposal Considerations

13.1 Waste Disposal Method: Dispose in accordance with local, state, and federal regulations.

Section 14. Transport Information

14.1 LAND TRANSPORT (US DOT):

DOT Proper Shipping Name: Not dangerous goods.
DOT Hazard Class:
UN/NA Number:

14.1 LAND TRANSPORT (European ADR/RID):

ADR/RID Shipping Name: Not dangerous goods.
UN Number:
Hazard Class:

14.3 AIR TRANSPORT (ICAO/IATA):

ICAO/IATA Shipping Name: Not dangerous goods.
Additional Transport Information: Transport in accordance with local, state, and federal regulations.

Section 15. Regulatory Information

EPA SARA (Superfund Amendments and Reauthorization Act of 1986) Lists

CAS #	Hazardous Components (Chemical Name)	S. 302 (EHS)	S. 304 RQ	S. 313 (TRI)
24390-14-5	Doxycycline hyclate	No	No	No
CAS #	Hazardous Components (Chemical Name)	Other US EPA or State Lists		
24390-14-5	Doxycycline hyclate	CAA HAP, ODC: No; CWA NPDES: No; TSCA: No; CA PROP. 65: Yes; RDTox.		

Regulatory Information Statement:

This SDS was prepared in accordance with 29 CFR 1910.1200 and Regulation (EC) No. 1272/2008.

Section 16. Other Information

Revision Date:

05/07/2018

Additional Information About This Product:

No data available.

Company Policy or Disclaimer:

DISCLAIMER: This information is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes.

8/12/2020

07-893-4007 | 1000/Bottle | Chlorpheniramine Tablets

Pharmaceutical > Antihistamines > Chlorpheniramine Tablets

OTC GENERICS

Chlorpheniramine Tablets

1000/Bottle

OTC GENERICS

Patterson Item #: 07-893-4007

Manufacturer Item #: 66424003410

See My Price

-	1	+
---	---	---

Add to Cart

Specifications

Active Ingredient:

Chlorpheniramine Maleate

Package Quantity:

1/Pkg

Strength:

4 mg

Presentation:

Tablet

Pill Count:

1000

Container Type:

Bottle

Delivery Type:

Oral

NDC Number:

66424003410

8/12/2020

Product Details

Description

4 mg

Legend

DEA	Hazmat - Chargeable	Ice	List 1	MSDS	Previously Purchased
Hazmat - No Charge	Pedigree	Prescription	Promotion	Formulary	



Chlorpheniramine (maleate)

Revision: 06/09/2018

according to Regulation (EC) No. 1907/2006 as amended by (EC) No. 1272/2008

Section 1. Identification of the Substance/Mixture and of the Company/Undertaking

- 1.1 **Product Code:** 21253
Product Name: Chlorpheniramine (maleate)
Synonyms: .gamma.-(4-chlorophenyl)-N,N-dimethyl-2-pyridinepropanamine, mono-2Z-butenedioate; Chlorophenpyridamine maleate; Chlorphenamine hydrogen maleate; dl-Chlorpheniramine maleate;
- 1.2 **Relevant identified uses of the substance or mixture and uses advised against:**
Relevant identified uses: For research use only, not for human or veterinary use.
- 1.3 **Details of the Supplier of the Safety Data Sheet:**
Company Name: Cayman Chemical Company
1180 E. Ellsworth Rd.
Ann Arbor, MI 48108
Web site address: www.caymanchem.com
Information: Cayman Chemical Company +1 (734)971-3335
- 1.4 **Emergency telephone number:**
Emergency Contact: CHEMTREC Within USA and Canada: +1 (800)424-9300
CHEMTREC Outside USA and Canada: +1 (703)527-3887

Section 2. Hazards Identification

- 2.1 **Classification of the Substance or Mixture:**

Acute Toxicity: Oral, Category 3

- 2.2 **Label Elements:**



GHS Signal Word: Danger

GHS Hazard Phrases:

H301: Toxic if swallowed.

GHS Precaution Phrases:

P264: Wash {hands} thoroughly after handling.

GHS Response Phrases:

P301+310: IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.

P330: Rinse mouth.

GHS Storage and Disposal Phrases:

Please refer to Section 7 for Storage and Section 13 for Disposal Information.

- 2.3 **Adverse Human Health Effects and Symptoms:** Material may be irritating to the mucous membranes and upper respiratory tract.
May be harmful by inhalation or skin absorption.
May cause eye, skin, or respiratory system irritation.
Toxic if swallowed.
To the best of our knowledge, the toxicological properties have not been thoroughly investigated.



Chlorpheniramine (maleate)

Revision: 06/09/2018

Section 3. Composition/Information on Ingredients

CAS # / RTECS #	Hazardous Components (Chemical Name)/ REACH Registration No.	Concentration	EC No./ EC Index No.	GHS Classification
113-92-8 US6475000	2-Pyridinepropanamine, β -(4-chlorophenyl)-N,N-dimethyl-, (Z)-2	100.0 %	204-037-5 NA	Acute Tox.(O) 3: H301

Section 4. First Aid Measures

4.1 Description of First Aid Measures:

- In Case of Inhalation:** Remove to fresh air. If not breathing, give artificial respiration or give oxygen by trained personnel. Get immediate medical attention.
- In Case of Skin Contact:** Immediately wash skin with soap and plenty of water for at least 15 minutes. Remove contaminated clothing. Get medical attention if symptoms occur. Wash clothing before reuse.
- In Case of Eye Contact:** Hold eyelids apart and flush eyes with plenty of water for at least 15 minutes. Have eyes examined and tested by medical personnel.
- In Case of Ingestion:** Wash out mouth with water provided person is conscious. Never give anything by mouth to an unconscious person. Get medical attention. Do NOT induce vomiting unless directed to do so by medical personnel.

Section 5. Fire Fighting Measures

- 5.1 Suitable Extinguishing Media:** Use alcohol-resistant foam, carbon dioxide, water, or dry chemical spray. Use water spray to cool fire-exposed containers.
- Unsuitable Extinguishing Media:** A solid water stream may be inefficient.
- 5.2 Flammable Properties and Hazards:** No data available.
- Flash Pt:** No data.
- Explosive Limits:** LEL: No data. UEL: No data.
- Autoignition Pt:** No data.
- 5.3 Fire Fighting Instructions:** As in any fire, wear self-contained breathing apparatus pressure-demand (NIOSH approved or equivalent), and full protective gear to prevent contact with skin and eyes.

Section 6. Accidental Release Measures

- 6.1 Protective Precautions, Protective Equipment and Emergency Procedures:** Avoid raising and breathing dust, and provide adequate ventilation. As conditions warrant, wear a NIOSH approved self-contained breathing apparatus, or respirator, and appropriate personal protection (rubber boots, safety goggles, and heavy rubber gloves).
- 6.2 Environmental Precautions:** Take steps to avoid release into the environment, if safe to do so.
- 6.3 Methods and Material For Containment and Cleaning Up:** Contain spill and collect, as appropriate. Transfer to a chemical waste container for disposal in accordance with local regulations.

Section 7. Handling and Storage

- 7.1 Precautions To Be Taken In Handling:** Avoid breathing dust/fume/gas/mist/vapours/spray. Avoid prolonged or repeated exposure.
- 7.2 Precautions To Be Taken:** Keep container tightly closed. See the product insert.



Chlorpheniramine (maleate)

Revision: 06/09/2018

Section 8. Exposure Controls/Personal Protection

8.1 Exposure Parameters:

8.2 Exposure Controls:

8.2.1 Engineering Controls Use process enclosures, local exhaust ventilation, or other engineering controls to control airborne levels below recommended exposure limits.

8.2.2 Personal protection equipment:

Eye Protection: Safety glasses

Protective Gloves: Compatible chemical-resistant gloves

Other Protective Clothing: Lab coat

Respiratory Equipment NIOSH approved respirator, as conditions warrant.

(Specify Type):

Work/Hygienic/Maintenance Do not take internally.

Facilities storing or utilizing this material should be equipped with an eyewash and a safety shower.

Wash thoroughly after handling.

No data available.

Section 9. Physical and Chemical Properties

9.1 Information on Basic Physical and Chemical Properties

Physical States: ☐ Gas ☐ Liquid ☒ Solid

Appearance and Odor: A crystalline solid

pH: No data.

Melting Point: No data.

Boiling Point: No data.

Flash Pt: No data.

Evaporation Rate: No data.

Flammability (solid, gas): No data available.

Explosive Limits: LEL: No data.

UEL: No data.

Vapor Pressure (vs. Air or mm Hg): No data.

Vapor Density (vs. Air = 1): No data.

Specific Gravity (Water = 1): No data.

Solubility in Water: No data.

Solubility Notes: ~5 mg/ml in PBS (pH 7.2); ~5 mg/ml in EtOH; ~10 mg/ml in DMSO; ~15 mg/ml in DMF;

Octanol/Water Partition Coefficient: No data.

Autoignition Pt: No data.

Decomposition Temperature: No data.

Viscosity: No data.

9.2 Other Information

Percent Volatile: No data.

Molecular Formula & Weight: C₁₆H₁₉ClN₂ • C₄H₄O₄ 390.9



Chlorpheniramine (maleate)

Revision: 06/09/2018

Section 10. Stability and Reactivity

- 10.1 Reactivity: No data available.
- 10.2 Stability: Unstable [] Stable [X]
- 10.3 Stability Note(s): Stable if stored in accordance with information listed on the product insert.
- Polymerization: Will occur [] Will not occur [X]
- 10.4 Conditions To Avoid: No data available.
- 10.5 Incompatibility - Materials strong oxidizing agents
To Avoid:
- 10.6 Hazardous carbon dioxide
Decomposition or carbon monoxide
Byproducts: hydrogen chloride gas
nitrogen oxides

Section 11. Toxicological Information

- 11.1 Information on Toxicological Effects: The toxicological effects of this product have not been thoroughly studied.
Chlorpheniramine (maleate) - Toxicity Data: Oral LD50 (rat): 306 mg/kg; Subcutaneous LD50 (rat): 365 mg/kg; Oral LD50 (mouse): 130 mg/kg; Intraperitoneal LD50 (mouse): 76700 ug/kg; Subcutaneous LD50 (mouse): 104 mg/kg;
- Chronic Toxicological Effects: Chlorpheniramine (maleate) - Investigated as a drug, mutagen, primary irritant, and reproductive effector.
Only select Registry of Toxic Effects of Chemical Substances (RTECS) data is presented here.
See actual entry in RTECS for complete information.
Chlorpheniramine (maleate) RTECS Number: US6475000

CAS #	Hazardous Components (Chemical Name)	NTP	IARC	ACGIH	OSHA
113-92-8	2-Pyridinepropanamine, ̑-(4-chlorophenyl)-N,N-dimethyl-, (Z)-2	n.a.	n.a.	n.a.	n.a.

Section 12. Ecological Information

- 12.1 Toxicity: Avoid release into the environment.
Runoff from fire control or dilution water may cause pollution.
- 12.2 Persistence and Degradability: No data available.
- 12.3 Bioaccumulative Potential: No data available.
- 12.4 Mobility In Soil: No data available.
- 12.5 Results of PBT and vPvB assessment: No data available.
- 12.6 Other adverse effects: No data available.



Chlorpheniramine (maleate)

Revision: 06/09/2018

Section 13. Disposal Considerations

13.1 Waste Disposal Method: Dispose in accordance with local, state, and federal regulations.

Section 14. Transport Information

14.1 LAND TRANSPORT (US DOT):

DOT Proper Shipping Name: Toxic solid, organic, n.o.s. (Chlorpheniramine (maleate))
DOT Hazard Class: 6.1 POISON
UN/NA Number: UN2811 Packing Group: III



14.1 LAND TRANSPORT (European ADR/RID):

ADR/RID Shipping Name: Toxic solid, organic, n.o.s. (Chlorpheniramine (maleate))
UN Number: 2811 Packing Group: III
Hazard Class: 6.1 - POISON

14.3 AIR TRANSPORT (ICAO/IATA):

ICAO/IATA Shipping Name: Toxic solid, organic, n.o.s. (Chlorpheniramine (maleate))
UN Number: 2811 Packing Group: III
Hazard Class: 6.1 - POISON IATA Classification: 6.1

Additional Transport Information:

Transport in accordance with local, state, and federal regulations.
When sold in quantities of less than or equal to 1 mL, or 1 g, with an Excepted Quantity Code of E1, E2, E4, or E5, this item meets the De Minimis Quantities exemption, per IATA 2.6.10.
Therefore packaging does not have to be labeled as Dangerous Goods/Excepted Quantity.

Section 15. Regulatory Information

EPA SARA (Superfund Amendments and Reauthorization Act of 1986) Lists

CAS #	Hazardous Components (Chemical Name)	S. 302 (EHS)	S. 304 RQ	S. 313 (TRI)
113-92-8	2-Pyridinepropanamine, α -(4-chlorophenyl)-N,N-di methyl-, (Z)-2	No	No	No

CAS #	Hazardous Components (Chemical Name)	Other US EPA or State Lists
113-92-8	2-Pyridinepropanamine, α -(4-chlorophenyl)-N,N-di methyl-, (Z)-2	CAA HAP, ODC: No; CWA NPDES: No; TSCA: Yes - Inventory; CA PROP.65: No

Regulatory Information Statement:

This SDS was prepared in accordance with 29 CFR 1910.1200 and Regulation (EC) No.1272/2008.

Section 16. Other Information

Revision Date: 06/09/2018
Additional Information About This Product: No data available.

Company Policy or Disclaimer: DISCLAIMER: This information is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes.

8/12/2020

07-894-0253 | 100/Bottle | Cephalexin Capsules - 250 mg

Pharmaceutical > Antibiotics - Oral > Cephalexin Capsules - 250 mg



Cephalexin Capsules

100/Bottle

RX GENERICS

Patterson Item #: **07-894-0253**

Manufacturer Item #: **67877022001**

[View MSDS / SDS \[+ \]](#)

[See My Price](#)

-	1	+
---	---	---

[Add to Cart](#)

Specifications

Active Ingredient:

Cephalexin

Package Quantity:

100/Bottle

Strength:

250 mg

Presentation:

Capsule

Pill Count:

100

Container Type:

Bottle

Delivery Type:

Oral

8/12/2020

07-894-0253 | 100/Bottle | Cephalexin Capsules - 250 mg

Reconstitution Required:

N.

NDC Number:

67877022001

Legend

DEA	Hazmat - Chargeable	Ice	List 1	MSDS	Previously Purchased
Hazmat - No Charge	Pedigree	Prescription	Promotion	Formulary	



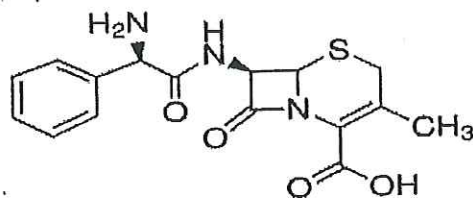
059468

1. PRODUCT AND COMPANY INFORMATION

Distributed By: PHARMA-C
120 Route 17 North
Suite 115
Paramus, NJ 07652 USA

Product Name: **CEPHALEXIN CAPSULES, USP**

Active Ingredient: Cephalexin Monohydrate
Structure:



Chemical Name: 7-(D-α-amino-α-phenylacetamido)-3-methyl-3-cephem-4-carboxylic acid, monohydrate

Molecular Formula: C₁₆H₁₇N₃O₄S

UNII Code: OBN7UDS42Y
CAS Number: 23325-78-2

Chemical Family: Cephalosporin

Product Use: Pharmaceutical
Product Type: Prescription Drug

Container Information: Bottles

Customer Service Phone Number: +1-855-273-0155
Emergency Phone Number: +1-866-562-4708 (ProPharma)

PHARMA-C

Cephalexin Capsules, USP		Safety Data Sheet (SDS)	
Version: 1.0	Issue Date: December 15, 2016		Page 1 of 5



2. HAZARDS IDENTIFICATION

PRIMARY PHYSICAL AND HEALTH HAZARDS:	Via inhalation and skin contact		
ROUTES OF ENTRY:	Eye Exposure, Inhalation, Ingestion, Skin Exposure		
SIGNS & SYMPTOMS OF EXPOSURE:	Hypersensitivity, convulsions, vomiting, unconsciousness, unable to swallow, itching, redness, pain/discomfort		
CHEMICAL LISTED AS CARCINOGEN:	NTP: NO	IARC: NO	OSHA: NO

3. COMPOSITION / INFORMATION ON INGREDIENTS

<u>Ingredient</u>	<u>Weight %</u>	<u>CAS No.</u>
Cephalexin Monohydrate	100%	23325-78-2

4. FIRST AID MEASURES

EYE EXPOSURE:	Flush area with water for 20 minutes, have patient "roll" eyes
SKIN EXPOSURE:	Flush contaminated area with water for 20 minutes
INGESTION:	Drink up to 3 glasses of water, seek immediate medical attention
INHALATION:	Remove patient to fresh air, seek medical attention
NOTE TO PHYSICIAN:	See product package insert

5. FIRE FIGHTING MEASURES

FLASH POINT:	Not Available
AUTO-IGNITION TEMPERATURE:	Not Available
FLAMMABLE LIMITS IN AIR:	Not Applicable
FLAMMABLE LIMITS:	Not Applicable
EXTINGUISHING MEDIA:	Fire Extinguishers, foam, dry chemical and halon extinguisher, water spray
UNUSUAL FIRE / EXPLOSION HAZARDS:	For larger amounts (multiple packages/pallets) of product: Since toxic, corrosive or flammable vapors might be evolved from fires involving this product and associated packaging, self-contained breathing apparatus and full protective equipment are recommended for firefighters

PHARMA-C

Cephalexin Capsules, USP	Safety Data Sheet (SDS)		
Version: 1.0	Issue Date: December 15, 2016		Page 2 of 5



6. ACCIDENTAL RELEASE MEASURE

SPILL:	Proper protective equipment should be worn, restrict access to area of spill, gently wet down area and carefully sweep up product
RELEASE TO AIR:	Proper air respirators should be worn, thoroughly clean all surfaces three times using a bleach and detergent solution and then rinse with water
RELEASE TO WATER:	Contain, minimize dispersion and collect. Dispose of recovered product and report spill per regulatory requirements

7. HANDLING AND STORAGE

GENERAL HANDLING:	Employees handling product should be trained to do so. Do not get product on or in you. Do not eat or drink before or during handling of product. Appropriate protective equipment should be worn. Minimize exposure to product.
STORAGE CONDITIONS:	Store containers in a cool, dry location, away from direct sunlight and sources of intense heat. Recommended temperature 20-25 degrees Celsius. Empty containers should be disposed of properly.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

RESPIRATORY PROTECTION:	Maintain airborne contaminant concentrations below exposure limit.
EYE PROTECTION:	Safety goggles
VENTILATION	Not Available
SKIN PROTECTION:	Chemical resistant rubber gloves, proper protective clothing
OTHER PROTECTIVE EQUIPMENT:	Not Available
ADDITIONAL EXPOSURE PRECAUTIONS:	Not Available

PHARMA-C

Cephalexin Capsules, USP		Safety Data Sheet (SDS)	
Version: 1.0	Issue Date: December 15, 2016		Page 3 of 5



9. PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL STATE:	Crystalline solid	SPECIFIC GRAVITY:	1.502g/cm ³
APPEARANCE AND ODOR:	Odorless, white to off white powder	EVAPORATION RATE:	Not Applicable
BOILING POINT:	727°C	MELTING POINT:	155°C
VAPOR PRESSURE:	Not Available	SOLUBILITY IN WATER:	Low at room temperature
VAPOR DENSITY:	Not Available	pH:	Not Available

10. STABILITY AND REACTIVITY

STABILITY:	Stable under normal conditions
INCOMPATIBILITY : (MATERIALS TO AVOID)	Not Available
HAZARDOUS POLYMERIZATION:	Will not occur
HAZARDOUS DECOMPOSITION:	Products of thermal decomposition may include carbon, iron, magnesium, sodium, silicon, titanium, nitrogen oxides
CONDITIONS TO AVOID:	Extreme temperatures, incompatible chemicals

11. TOXICOLOGICAL INFORMATION

ACUTE TOXICITY

Inhalation: May cause allergy or asthma symptoms or breathing difficulties if inhaled
Skin Contact: May cause allergic skin reaction

12. ECOLOGICAL INFORMATION

Not Available

13. DISPOSAL CONSIDERATIONS

WASTE DISPOSAL: Waste disposal must be in accordance with appropriate federal, state, and local regulations.

PHARMA-C

Cephalexin Capsules, USP	Safety Data Sheet (SDS)		
Version: 1.0	Issue Date: December 15, 2016	Page 4 of 5	



14. TRANSPORT INFORMATION

REGULATORY ORGANIZATIONS:

DOT: Not Regulated

ICAO / IATA: Not Regulated

IMO: Not Regulated

15. REGULATORY INFORMATION

Below is selected regulatory information chosen primarily for possible WG Critical Care use. This section is not a complete analysis or reference to all applicable regulatory information. Please consider all applicable laws and regulations for your city / state / country.

US Regulations

TSCA – No

CERCLA-No

SARA 302 – No

SARA 313 – No

OSHA Substance Specific - No

16. OTHER INFORMATION

As of the date of issuance, we are providing available information relevant to the handling of this material in the workplace. All information contained herein is offered with the good faith belief that it is accurate. THIS MATERIAL SAFETY DATA SHEET SHALL NOT BE DEEMED TO CREATE ANY WARRANTY OF ANY KIND (INCLUDING WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE). In the event of an adverse incident associated with this material, this safety data sheet is not intended to be a substitute for consultation with appropriately trained personnel. Nor is this safety data sheet intended to be a substitute for product literature which may accompany the finished product.

PHARMA-C

Cephalexin Capsules, USP		Safety Data Sheet (SDS)	
Version: 1.0	Issue Date: December 15, 2016		Page 5 of 5

8/12/2020

07-892-5774 | 30/Bottle | Carprieve Caplets - 100 mg

Pharmaceutical > NSAIDS > Carprieve® Caplets - 100 mg



#645126967001

Carprieve® Caplets

30/Bottle

NORBROOK

Patterson Item #:07-892-5774

Manufacturer Item #:645126967001

See My Price

-	1	+
---	---	---

Add to Cart

Specifications

Active Ingredient:

Carprofen

Color Of Medicine:

White

Package Quantity:

30/Bottle

Strength:

100 mg

Presentation:

Scored Caplet

Pill Count:

30

Container Type:

Bottle

Delivery Type:

Oral

8/12/2020

07-892-5774 | 30/Bottle | Carprive Caplets - 100 mg

Reconstitution Required:

N

Legend

DEA	Hazmat - Chargeable	Ice	List 1	MSDS	Previously Purchased
Hazmat - No Charge	Pedigree	Prescription	Promotion	Formulary	



Carprieve Caplets

Safety Data Sheet

According To Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules And Regulations
Revision Date: 04/13/2016 Date of Issue: 04/13/2016

Version: 1.0

SECTION 1: IDENTIFICATION

1.1. Product Identifier

Product Form: Mixture

Product Name: Carprieve Caplets

Product Code: ANADA 200-498

1.2. Intended Use of the Product

Use of the Substance/Mixture: Non-steroidal anti-inflammatory drug. Carprofen is indicated for the relief of pain and inflammation associated with osteoarthritis and for the control of postoperative pain associated with soft tissue and orthopaedic surgeries in dogs.

1.3. Name, Address, and Telephone of the Responsible Party

Supplier

Norbrook, Inc.

9401 Indian Creek Parkway – Ste. 680

Overland Park, KS 66210

Phone: 913 599 5777

Fax: 913 599 5766

Manufacturer

Norbrook Laboratories Ltd,

Station Works, Newry, Co.Down,

N.Ireland, BT35 6JP.

Telephone No. +44 (0)28 3026 4435

Fax No. +44 (0)28 3026 1721

E-Mail: enquiries@norbrook.co.uk

1.4. Emergency Telephone Number

Emergency Number : 913 599 5777

SECTION 2: HAZARDS IDENTIFICATION

2.1. Classification of the Substance or Mixture

GHS-US Classification

This product is a drug, as defined by the US Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.). It is in solid, final form for direct administration to the patient. Therefore, it is exempt from the US 2012 Hazard Communication Standard, as defined in the 29 CFR 1910.1200(b)(6)(vii).

2.2. Label Elements

No labeling is required as defined in the 29 CFR 1910.1200(b)(5)(iii).

2.3. Other Hazards

Exposure may aggravate those with pre-existing eye, skin, or respiratory conditions.

2.4. Unknown Acute Toxicity (GHS-US)

No data available

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

3.1. Substance

Not applicable

3.2. Mixture

Name	Product Identifier	%	GHS-US classification
Carprofen	(CAS No) 53716-49-7	Proprietary	Acute Tox. 3 (Oral), H301

Full text of H-phrases: see section 16

The specific chemical identity and/or exact percentage of composition have been withheld as a trade secret [29 CFR 1910.1200]

SECTION 4: FIRST AID MEASURES

4.1. Description of First-aid Measures

First-aid Measures General: Never give anything by mouth to an unconscious person. If you feel unwell, seek medical advice (show the label if possible).

First-aid Measures Inhalation: The risk of inhalation exposure is negligible when product is in its final packaged form. If exposed and become symptomatic, move to fresh air and get medical attention if symptoms persist.

First-aid Measures After Skin Contact: Remove contaminated clothing. Rinse affected area with water for at least 5 minutes. Obtain medical attention if irritation persists. Wash contaminated clothing before reuse.

First-aid Measures After Eye Contact: The risk of eye exposure is negligible when product is in its final packaged form. If eye contact occurs, flush immediately with water for at least 15 minutes. If easy to do, remove contact lenses. Get medical attention.

First-aid Measures After Ingestion: Ingestion is not an anticipated route of exposure. If accidental ingestion occurs, flush mouth out with water and get medical attention.

Carprieve Caplets

Safety Data Sheet

According to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

4.2. Most Important Symptoms and Effects Both Acute and Delayed

Symptoms/Injuries: Pharmaceutical. When handling in workplace settings, in quantities that are most likely above the therapeutic dose, this product may be harmful if absorbed through the eyes, skin, or respiratory tract. Please refer to the package insert for more detailed information.

Symptoms/Injuries After Inhalation: Due to the product's final form, Inhalation is an unlikely route of exposure.

Symptoms/Injuries After Skin Contact: None expected under normal conditions of use.

Symptoms/Injuries After Eye Contact: None expected under normal conditions of use.

Symptoms/Injuries After Ingestion: Pharmaceutical. Harmful if swallowed. Ingestion is likely to be harmful or have adverse effects.

Chronic Symptoms: None expected under normal conditions of use.

4.3. Indication of Any Immediate Medical Attention and Special Treatment Needed

If you feel unwell, seek medical advice (show the label where possible).

SECTION 5: FIRE-FIGHTING MEASURES

5.1. Extinguishing Media

Suitable Extinguishing Media: Use extinguishing media appropriate for surrounding fire.

Unsuitable Extinguishing Media: None known.

5.2. Special Hazards Arising From the Substance or Mixture

Fire Hazard: Not considered flammable but may burn at high temperatures.

Explosion Hazard: Product itself is not explosive but if dust is generated, dust clouds suspended in air can be explosive.

Reactivity: Hazardous reactions will not occur under normal conditions.

5.3. Advice for Firefighters

Precautionary Measures Fire: Exercise caution when fighting any chemical fire. Under fire conditions, hazardous fumes will be present.

Firefighting Instructions: Use water spray or fog for cooling exposed containers. In case of major fire and large quantities:

Evacuate area. Fight fire remotely due to the risk of explosion.

Protection During Firefighting: Do not enter fire area without proper protective equipment, including respiratory protection.

SECTION 6: ACCIDENTAL RELEASE MEASURES

6.1. Personal Precautions, Protective Equipment and Emergency Procedures

General Measures: Use only as directed. Avoid contact with skin, eyes and clothing. Avoid generating dust.

6.1.1. For Non-Emergency Personnel

Protective Equipment: Use appropriate personal protection equipment (PPE).

Emergency Procedures: Evacuate unnecessary personnel.

6.1.2. For Emergency Responders

Protective Equipment: Equip cleanup crew with proper protection.

Emergency Procedures: Upon arrival at the scene, a first responder is expected to recognize the presence of dangerous goods, protect oneself and the public, secure the area, and call for the assistance of trained personnel as soon as conditions permit.

6.2. Environmental Precautions

Avoid release to the environment.

6.3. Methods and Materials for Containment and Cleaning Up

For Containment: Contain and collect as any solid.

Methods for Cleaning Up: Clean up spills immediately and dispose of waste safely. Avoid actions that cause dust to become airborne during clean-up such as dry sweeping or using compressed air. Use HEPA vacuum or thoroughly wet with water to clean-up dust. Use PPE described in Section 8. Contact competent authorities after a spill.

6.4. Reference to Other Sections

See Heading 8. Exposure controls and personal protection. For further information refer to section 13.

SECTION 7: HANDLING AND STORAGE

7.1. Precautions for Safe Handling

Additional Hazards When Processed: Product is in pill form, but contains substances that are combustible dusts. If these substances in their powder form are allowed to accumulate, dispersed in sufficient quantities in air, and in the presence of an ignition source, it may cause a dust explosion.

Hygiene Measures: This SDS is for a pharmaceutical agent - Handling of this product in its final form presents minimal occupational exposure risk. In an occupational setting, handle in accordance with good industrial hygiene and safety procedures. Avoid contact with eyes, skin and clothing. Avoid breathing vapor or mist. Use appropriate personal protective equipment when handling and observe good personal hygiene measures after handling.

Carprieve Caplets

Safety Data Sheet

According to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

7.2. Conditions for Safe Storage, Including Any Incompatibilities

Technical Measures: Comply with applicable regulations.

Storage Conditions: Store in a dry, cool and well-ventilated place. Keep container closed when not in use. Keep/Store away from direct sunlight, extremely high or low temperatures and incompatible materials.

Incompatible Products: Strong acids, strong bases, strong oxidizers.

Storage Temperature: Store at 15 - 30 °C (59 - 86 °F)

7.3. Specific End Use(s)

Non-steroidal anti-inflammatory drug. Carprofen is indicated for the relief of pain and inflammation associated with osteoarthritis and for the control of postoperative pain associated with soft tissue and orthopaedic surgeries in dogs.

SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION

8.1. Control Parameters

For substances listed in section 3 that are not listed here, there are no established exposure limits from the manufacturer, supplier, importer, or the appropriate advisory agency including: ACGIH (TLV), AIHA (WEEL), NIOSH (REL), or OSHA (PEL).

8.2. Exposure Controls

Appropriate Engineering Controls

: Avoid creating or spreading dust. Ensure adequate ventilation, especially in confined areas. Emergency eye wash fountains and safety showers should be available in the immediate vicinity of any potential exposure. Ensure all national/local regulations are observed.

Personal Protective Equipment

: Avoid all unnecessary exposure. Gloves. Protective clothing. Protective goggles. Insufficient ventilation: wear respiratory protection.



Materials for Protective Clothing

Hand Protection

Eye Protection

Skin and Body Protection

Respiratory Protection

: Chemically resistant materials and fabrics.

: Wear chemically resistant protective gloves.

: Chemical goggles or safety glasses.

: Wear suitable protective clothing. Wash contaminated clothing before reuse.

: In case of inadequate ventilation, oxygen deficient atmosphere, or where exposure levels are not known wear approved respiratory protection.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

9.1. Information on Basic Physical and Chemical Properties

Physical State	: Solid
Appearance	: Yellow
Odor	: No data available
Odor Threshold	: No data available
pH	: No data available
Evaporation Rate	: No data available
Melting Point	: No data available
Freezing Point	: No data available
Boiling Point	: No data available
Flash Point	: No data available
Auto-ignition Temperature	: No data available
Decomposition Temperature	: No data available
Flammability (solid, gas)	: No data available
Vapor Pressure	: No data available
Relative Vapor Density at 20°C	: No data available
Relative Density	: No data available
Solubility	: No data available
Partition Coefficient: N-Octanol/Water	: No data available
Viscosity	: No data available

9.2. Other Information No additional information available

SECTION 10: STABILITY AND REACTIVITY

Carprieve Caplets

Safety Data Sheet

According to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

- 10.2. **Chemical Stability:** Stable at standard temperature and pressure.
- 10.3. **Possibility of Hazardous Reactions:** Hazardous polymerization will not occur.
- 10.4. **Conditions to Avoid:** Direct sunlight, extremely high or low temperatures, open flames, sources of ignition and incompatible materials. Avoid creating or spreading dust.
- 10.5. **Incompatible Materials:** Strong acids, strong bases, strong oxidizers.
- 10.6. **Hazardous Decomposition Products:** Thermal decomposition generates: Carbon oxides (CO, CO₂), Sodium oxides.

SECTION 11: TOXICOLOGICAL INFORMATION

11.1. Information on Toxicological Effects

Acute Toxicity: Oral: Not classified.

Carpoven (53716-49-7)

LD50 Oral Rat 74 mg/kg

Skin Corrosion/Irritation: Not classified

Serious Eye Damage/Irritation: Not classified

Respiratory or Skin Sensitization: Not classified

Germ Cell Mutagenicity: Not classified

Carcinogenicity: Not classified

Reproductive Toxicity: Not classified

Specific Target Organ Toxicity (Single Exposure): Not classified

Specific Target Organ Toxicity (Repeated Exposure): Not classified

Aspiration Hazard: Not classified

Symptoms/Injuries After Inhalation: Due to the product's final form, Inhalation is an unlikely route of exposure.

Symptoms/Injuries After Skin Contact: None expected under normal conditions of use.

Symptoms/Injuries After Eye Contact: None expected under normal conditions of use.

Symptoms/Injuries After Ingestion: Pharmaceutical. Harmful if swallowed. Ingestion is likely to be harmful or have adverse effects.

Chronic Symptoms: None expected under normal conditions of use.

SECTION 12: ECOLOGICAL INFORMATION

12.1. **Toxicity** No additional information available

12.2. **Persistence and Degradability** No additional information available

12.3. **Bioaccumulative Potential** No additional information available

12.4. **Mobility in Soil** No additional information available

12.5. **Other Adverse Effects**

Other Information : Avoid release to the environment.

SECTION 13: DISPOSAL CONSIDERATIONS

13.1. **Waste Treatment Methods**

Waste Disposal Recommendations: Dispose of waste material in accordance with all local, regional, national, and international regulations.

Ecology - Waste Materials: Avoid release to the environment.

SECTION 14: TRANSPORT INFORMATION

14.1. **In Accordance with DOT** Not regulated for transport

14.2. **In Accordance with IMDG** Not regulated for transport

14.3. **In Accordance with IATA** Not regulated for transport

SECTION 15: REGULATORY INFORMATION

15.1. **US Federal Regulations** Neither this product nor its chemical components appear on any US federal lists.

15.2. **US State Regulations** Neither this product nor its chemical components appear on any US state lists.

SECTION 16: OTHER INFORMATION, INCLUDING DATE OF PREPARATION OR LAST REVISION

Revision Date : 04/13/2016

Other Information : This document has been prepared in accordance with the SDS requirements of the OSHA Hazard Communication Standard 29 CFR 1910.1200

GHS Full Text Phrases:

Acute Tox. 3 (Oral)

Acute toxicity (oral) Category 3

Carprieve Caplets

Safety Data Sheet

According to Federal Register / Vol. 77, No. 58 / Monday, March 26, 2012 / Rules and Regulations

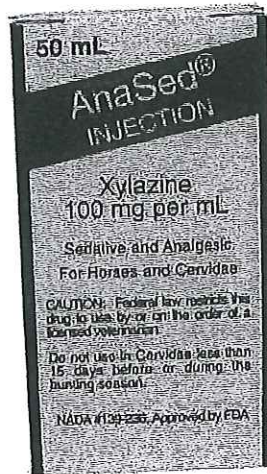
This information is based on our current knowledge and is intended to describe the product for the purposes of health, safety and environmental requirements only. It should not therefore be construed as guaranteeing any specific property of the product.

SDS US (GHS HazCom)

8/12/2030

07-808-1939 | 50 ml | AnaSed - 100 mg/ml

Pharmaceutical > Pharmaceutical Anesthetics > AnaSed - 100 mg/ml



AnaSed

50 ml

AKORN INC

Patterson Item #:07-808-1939

Manufacturer Item #:59399011150

[View MSDS / SDS \[- \]](#)

[MSDS/SDS Revision Date What's this?](#)

1/30/2018

7/23/2015

[See My Price](#)

-	1	+
---	---	---

[Add to Cart](#)

Specifications

Active Ingredient:

Xylazine

Color Of Medicine:

Clear

Volume:

50 ml

Package Quantity:

1/Pkg

Strength:

100 mg/ml

Presentation:

Liquid

8/12/2020

07-808-1939 | 50 ml | AnaSed - 100 mg/ml

Container Type:

Vial

Delivery Type:

Injection

Reconstitution Required:

N

NDC Number:

59399011150

Legend

DEA	Hazmat - Chargeable	Ice	List 1	MSDS	Previously Purchased
Hazmat - No Charge	Pedigree	Prescription	Promotion	Formulary	

SAFETY DATA SHEETS

This SDS packet was issued with item:

078081939

The safety data sheets (SDS) in this packet apply to one or more components included in the items listed below. Items listed below may require one or more SDS. Please refer to invoice for specific item number(s).

078081947 078083517 078323084

MATERIAL SAFETY DATA SHEET

LLOYD, Inc.

Phone No. (712) 246-4000

Page 1 of 2

P.O. Box 130, Shenandoah, IA 51601-0130

AnaSed[®] Injection, 20 mg/mL xylazine

MSDS Date: 2/16/94 (Original)

12/19/95 (Revised)

5/19/05 (Revised)

2/16/10 (Revised)

6/29/10 (Revised)

Product Name: AnaSed[®] Injection, 20 mg/mL xylazine

1. INGREDIENTS: (% w/w), unless otherwise noted

COMPONENT	CAS#	%	EXPOSURE LIMITS, ppm	
			OSHA PEL	ACGIH TLV (mg/m ³)
Xylazine hydrochloride	23076-35-9	2	Not established (NE)	

This document is prepared pursuant to the OSHA Hazard Communication Standard (29 CFR 1910.1200). Only those ingredients composing $\geq 1\%$ ($\geq 0.1\%$ for carcinogens or suspect carcinogens) of the formula (w/w) and which have been identified as hazards are listed.

2. PHYSICAL DATA:

APPEARANCE: Liquid

COLOR: Colorless

ODOR: None

Other physical data have not been determined.

pH: 5.0

SPECIFIC GRAVITY: 1.019

3. FIRE AND EXPLOSION HAZARD DATA:

This has not been evaluated.

EXTINGUISHING MEDIA: Water spray, carbon dioxide, dry chemical powder, or foam.

SPECIAL FIREFIGHTING PROCEDURES: Wear self-contained breathing apparatus and protective clothing to prevent contact with skin and eyes.

4. REACTIVITY DATA:

This has not been evaluated. The product is stable under normal storage conditions. Exposure to sunlight should be avoided.

5. ENVIRONMENTAL AND DISPOSAL INFORMATION:

ACTION TO TAKE FOR SPILLS/LEAKS: Mop up and wash down area with water.

DISPOSAL METHOD: Dispose of contaminated product and materials used in cleaning up spills or leaks in a manner approved for this material. Consult appropriate federal, state and local regulatory agencies to ascertain proper disposal procedures.

6. HEALTH HAZARD DATA:

EYES: This product may be absorbed through the conjunctiva.

SKIN: This product may be absorbed dermally.

RESPIRATORY: This product may be absorbed after inhalation.

INGESTION: This product may be absorbed after oral consumption.

EFFECTS: The effects of exposure resulting from absorption may include depression of respiration and a decrease in blood pressure.

SYMPTOMS: A person that has absorbed this product or through accidental parenteral injection has been exposed may experience some or all of the following: fatigue with ptosis (falling), muscle relaxation,

MATERIAL SAFETY DATA SHEET

LLOYD, Inc.

Phone No. (712) 246-4000

Page 2 of 2

P.O. Box 130, Shenandoah, IA 51601-0130

AnaSed[®] Injection, 20 mg/mL xylazine

MSDS Date: 2/16/94 (Original)

12/19/95 (Revised)

5/19/05 (Revised)

2/16/10 (Revised)

6/29/10 (Revised)

decreased sensitivity to pain, pronounced dryness of mouth, paleness of skin.

7. FIRST AID:

EYES: Flush with copious amounts of water for at least 15 minutes.

SKIN: Wash with soap and water.

INGESTION: Give liquids if conscious, induce vomiting, repeat until clear.

RESPIRATION: Move to fresh air. Provide artificial respiration if needed.

Seek medical attention immediately if excessive exposure occurs. A physician or a poison control center should be consulted.

8. HANDLING PRECAUTIONS:

During manufacturing or handling of liquid wear appropriate NIOSH/MSHA-approved respirator, chemical-resistant gloves, safety goggles and outer protective clothing.

SPECIAL PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: Exercise reasonable care and caution.

REGULATORY INFORMATION: (Not meant to be all-inclusive--selected regulations represented.)

NOTICE: The information herein is presented in good faith and believed to be accurate as of the effective date shown above. However, no warranty, express or implied, is given. Regulatory requirements are subject to change and may differ from one location to another; it is the buyer's responsibility to ensure that its activities comply with federal, state or provincial, and local laws. The following specific information is made for the purpose of complying with numerous federal, state or provincial, and local laws and regulations. See MSDS for health and safety information.

U.S. REGULATIONS: SARA HAZARD CATEGORY: This product has been reviewed according to the federal EPA "Hazard Categories" promulgated under Sections 311 and 312 of the Superfund Amendment and Reauthorization Act of 1986 (SARA Title III) and is considered, under applicable definitions, to be exempt from reporting requirements. Nevertheless, potential reporters should check with their state emergency response commissions to determine if this product must be reported under applicable state requirements.

MATERIAL SAFETY DATA SHEET

VEDCO, Inc.

Phone No. (816) 238-8840

Page 1 of 2

5503 Corporate Drive, St. Joseph, MO 64507

TranquiVed Injection, 20 mg/mL xylazine

MSDS Date: 1/14/98 (Original)

5/17/2011 (Revised)

Product Name: TranquiVed Injection, 20 mg/mL xylazine

1. INGREDIENTS: (% w/w), unless otherwise noted

COMPONENT	CAS#	%	EXPOSURE LIMITS, ppm	
			OSHA PEL	ACGIH TLV (mg/m ³)
Xylazine hydrochloride	23076-35-9	2	Not established (NE)	

This document is prepared pursuant to the OSHA Hazard Communication Standard (29 CFR 1910.1200). Only those ingredients composing $\geq 1\%$ ($\geq 0.1\%$ for carcinogens or suspect carcinogens) of the formula (w/w) and which have been identified as hazards are listed.

2. PHYSICAL DATA:

APPEARANCE: Liquid

COLOR: Colorless

ODOR: None

Other physical data have not been determined.

pH: 4.5-5.5

SPECIFIC GRAVITY: 1.0035-1.0065

3. FIRE AND EXPLOSION HAZARD DATA:

This has not been evaluated.

EXTINGUISHING MEDIA: Water spray, carbon dioxide, dry chemical powder, or foam.

SPECIAL FIREFIGHTING PROCEDURES: Wear self-contained breathing apparatus and protective clothing to prevent contact with skin and eyes.

4. REACTIVITY DATA:

This has not been evaluated. The product is stable under normal storage conditions. Exposure to sunlight should be avoided.

5. ENVIRONMENTAL AND DISPOSAL INFORMATION:

ACTION TO TAKE FOR SPILLS/LEAKS: Mop up and wash down area with water.

DISPOSAL METHOD: Dispose of contaminated product and materials used in cleaning up spills or leaks in a manner approved for this material. Consult appropriate federal, state and local regulatory agencies to ascertain proper disposal procedures.

6. HEALTH HAZARD DATA:

EYES: This product may be absorbed through the conjunctiva.

SKIN: This product may be absorbed dermally.

RESPIRATORY: This product may be absorbed after inhalation.

INGESTION: This product may be absorbed after oral consumption.

EFFECTS: The effects of exposure resulting from absorption may include depression of respiration and a decrease in blood pressure.

SYMPTOMS: A person that has absorbed this product or through accidental parenteral injection has been exposed may experience some or all of the following: fatigue with ptosis (falling), muscle relaxation, decreased sensitivity to pain, pronounced dryness of mouth, paleness of skin.

Obtained by Global Safety Management, Inc. (www.globalsafetynet.com)

MATERIAL SAFETY DATA SHEET

VEDCO, Inc.

Phone No. (816) 238-8840

Page 2 of 2

5503 Corporate Drive, St. Joseph, MO 64507

TranquiVed Injection, 20 mg/mL xylazine

MSDS Date: 1/14/98 (Original)

5/17/2011 (Revised)

7. FIRST AID:

EYES: Flush with copious amounts of water for at least 15 minutes.

SKIN: Wash with soap and water.

INGESTION: Give liquids if conscious, induce vomiting, repeat until clear.

RESPIRATION: Move to fresh air. Provide artificial respiration if needed.

Seek medical attention immediately if excessive exposure occurs. A physician or a poison control center should be consulted.

8. HANDLING PRECAUTIONS:

During manufacturing or handling of liquid wear appropriate NIOSH/MSHA-approved respirator, chemical-resistant gloves, safety goggles and outer protective clothing.

SPECIAL PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: Exercise reasonable care and caution.

REGULATORY INFORMATION: (Not meant to be all-inclusive--selected regulations represented.)

NOTICE: The information herein is presented in good faith and believed to be accurate as of the effective date shown above. However, no warranty, express or implied, is given. Regulatory requirements are subject to change and may differ from one location to another; it is the buyer's responsibility to ensure that its activities comply with federal, state or provincial, and local laws. The following specific information is made for the purpose of complying with numerous federal, state or provincial, and local laws and regulations. See MSDS for health and safety information.

U.S. REGULATIONS: SARA HAZARD CATEGORY: This product has been reviewed according to the federal EPA "Hazard Categories" promulgated under Sections 311 and 312 of the Superfund Amendment and Reauthorization Act of 1986 (SARA Title III) and is considered, under applicable definitions, to be exempt from reporting requirements. Nevertheless, potential reporters should check with their state emergency response commissions to determine if this product must be reported under applicable state requirements.



SDS: AnaSed® Injection (xylazine sterile solution)
20 mg/mL

SAFETY DATA SHEET

1. Identification

Product Identifier: AnaSed® Injection (xylazine sterile solution) 20 mg/mL

Synonyms: 4H-1,3-Thiazin-2-amine, N-(2,6-dimethylphenyl)-5,6-dihydro-, monohydrochloride

National Drug Code (NDC): 59399-110-20

Recommended Use: Sedative and Analgesic for use in Dogs and Cats Only

Company: Akorn, Inc.
1925 West Field Court, Suite 300
Lake Forest, Illinois 60045

Contact Telephone: 1-800-932-5676

E mail: customer.service@akorn.com

Emergency Phone Number: CHEMTREC 1-800-424-9300 (U.S. and Canada)

2. Hazard(s) Identification

Physical Hazards: Not classifiable.
Health Hazards: Not classifiable.
Symbol(s): None.
Signal Word: None.
Hazard Statement(s): None.
Precautionary Statement(s): None.
Hazards Not Otherwise Classified: Not classifiable.

Supplementary Information: While this material is not classifiable as hazardous under the OSHA standard, this SDS contains valuable information critical to safe handling and proper use of the product. This SDS should be retained and available for employees and other users of this product.

3. Composition/Information on Ingredients

Chemical Name	CAS Number	Synonyms	Chemical Formula	Molecular Weight	Percentage
Xylazine HCl	23076-35-9	4H-1,3-Thiazin-2-amine, N-(2,6-dimethylphenyl)-5,6-dihydro-, monohydrochloride	C ₁₂ H ₁₆ N ₂ S•HCl	256.8	2%

*The formula also contains Methylparaben, 0.9 mg; Propylparaben, 0.1 mg; and Water for Injection. pH is adjusted with Citric Acid and Sodium Citrate.

4. First Aid Measures

Ingestion:

If a person vomits place them in the recovery position so that vomit will not reenter the mouth and throat. Rinse mouth with water. If swallowed, seek medical advice immediately and show the container or label. Treat symptomatically and supportively. Ensure that medical personnel are aware of the material(s) involved and take precautions to protect themselves.

Eye Contact:

Remove from source of exposure. Flush with copious amounts of water for at least 15 minutes. If irritation persists or signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary. Ensure that medical personnel are aware of the material(s) involved and are aware of precautions to protect themselves.

Skin Contact:

Remove from source of exposure. Remove and isolate contaminated clothing and shoes. Flush with copious amounts of water for at least 20 minutes. Use soap. If irritation persists or signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary. Ensure that medical personnel are aware of the material(s) involved and are aware of precautions to protect themselves.

Inhalation:

Remove from source of exposure. Move individual(s) to fresh air. Give artificial respiration if individual(s) are not breathing and call emergency medical service. If signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary. Ensure that medical personnel are aware of the material(s) involved and are aware of precautions to protect themselves.

Protection of First-Aiders:

Use personal protective equipment (see section 8).

WARNING:

This drug should not be administered to domestic food-producing animals. Not for use in horses intended for food. Avoid accidental administration to humans. Should such exposure occur, notify a physician immediately. Artificial respiration may be indicated.

Signs and Symptoms:

A person that has absorbed this product or through accidental parenteral injection has been exposed may experience some or all of the following: fatigue with ptosis (falling), muscle relaxation, decreased sensitivity to pain, pronounced dryness of mouth, and paleness of skin.

Side Effects in Dogs and Cats:

Emesis occurs occasionally in dogs, and frequently in cats, soon after the administration of xylazine, but before clinical sedation is evident. When observed, emesis usually occurs only a single time, after which there is no further emetic effect. The use of antiemetics may delay this phenomenon. The occurrence of emesis may be

**SDS: AnaSed® Injection (xylazine sterile solution)
20 mg/mL**

considered a desirable effect when xylazine is administered as a preanesthetic to general anesthesia.

Xylazine used at recommended dosage levels may occasionally cause slight muscle tremors, bradycardia with partial A-V heart block and a reduced respiratory rate. Should excessive respiratory depression or bradycardia occur following the use of AnaSed (xylazine), administer yohimbine to rapidly reverse the xylazine-induced effects.

Medical Conditions Aggravated by Exposure:

Not determined.

Notes to Physician:

Do not use xylazine in conjunction with tranquilizers.

5. Firefighting Measures

Suitable Extinguishing Media:

As with any fire, use extinguishing media appropriate for primary cause of fire such as carbon dioxide, dry chemical extinguishing powder or foam.

Unsuitable Extinguishing Media:

Not determined.

Specific Hazards Arising from the Chemical:

Hazardous Combustion Products:

Not determined.

Other Specific Hazards:

Not determined.

Special Protective Equipment/Precautions for Firefighters:

Wear self-contained breathing apparatus and full and protective gear.

6. Accidental Release Measures

Personal Precautions:

Use personal protective equipment recommended in Section 8 of this document and isolate the hazard area.

Personal Protective Equipment:

For personal protection see section 8.

Methods for Cleaning Up:

Isolate area around spill. Put on suitable protective clothing and equipment as specified by site spill control procedures. Absorb the liquid with suitable material and clean affected area with soap and water.

Environmental Precautions:

Contain material and prevent release to basements, confined spaces, waterways or soil.

Reference to Other Sections:

Refer to Sections 8, 12 and 13 for further information.

**SDS: AnaSed® Injection (xylazine sterile solution)
20 mg/mL**

7. Handling and Storage

Precautions for Safe Handling:

Handle in accordance with product label and/or product insert information. Handle in accordance with good industrial hygiene and safety practices.

**Conditions for Safe Storage,
Including Any Incompatibilities:**

Store according to label and/or product insert information. Store away from oxidizing agents and acids.

**8. Specific End Use:
Exposure Controls/Personal Protection**

Pharmaceuticals.

Occupational Exposure Guidelines:

Common or Chemical Name	Employee Exposure Limits
Xylazine Hydrochloride	Not established.

Engineering Controls:

Engineering controls are normally not needed during the normal use of this product.

Respiratory Protection:

Respiratory protection is normally not needed during intended product use. Where respirators are deemed necessary to reduce or control occupational exposures, use NIOSH-approved respiratory protection and have an effective respirator program in place (applicable U.S. regulation OSHA 29 CFR 1910.134).

Eyes Protection:

Not required for the normal use of this product. Safety glasses with side shields are recommended. Face shields or goggles may be required if splash potential exists or if corrosive materials are present. Approved eye protection (e.g., bearing the ANSI Z87 or CSA stamp) is preferred. Maintain eyewash facilities in the work area.

Hand Protection:

Not required for the normal use of this product. Chemically compatible gloves are recommended. For handling solutions, ensure that the glove material is protective against the solvent being used. Use handling practices that minimize direct hand contact. Employees who are sensitive to natural rubber (latex) should use nitrile or other synthetic non-latex gloves. Use of powdered latex gloves should be avoided due to the risk of latex allergy.

Skin Protection:

Not required for the normal use of this product. Wear protective laboratory coat, apron, or disposable garment when working with large quantities.

9. Physical and Chemical Properties

Physical State/Color:	Clear colorless liquid.
Odor:	None.
Odor Threshold:	No data available.
pH:	5.0.
Melting Point:	No data available.
Freezing Point:	No data available.
Boiling Point:	No data available.
Flash Point:	No data available.
Evaporation Rate:	No data available.
Flammability (solid, gas):	No data available.
Flammability Limit - Lower:	No data available.
Flammability Limit - Upper:	No data available.
Vapor Pressure:	No data available.
Vapor Density:	No data available.
Relative Density:	No data available.
Solubility(ies):	No data available.
Partition Coefficient (n-octanol/water):	No data available.
Auto-Ignition Temperature:	No data available.
Decomposition Temperature:	No data available.
Viscosity:	No data available.

10. Stability and Reactivity

Reactivity:	No data available.
Chemical Stability:	Stable under recommended storage conditions.
Possibility of Hazardous Reactions:	No data available.
Conditions to Avoid (e.g., static discharge, shock, or vibration):	No data available.
Incompatible Materials:	Strong oxidizer.
Hazardous Decomposition Products:	Not determined. During thermal decomposition, it may be possible to generate irritating vapors and/or toxic fumes of carbon oxides (COx) and nitrogen oxides (NOx).

11. Toxicological Information

Information on the Likely Routes of Exposure:

Inhalation:	This product may be absorbed after inhalation.
Ingestion:	This product may be absorbed after oral consumption.
Skin Contact:	This product may be absorbed dermally.
Eye Contact:	This product may be absorbed through the conjunctiva.

**SDS: AnaSed® Injection (xylazine sterile solution)
20 mg/mL**

**Symptoms Related to the Physical,
Chemical and Toxicological
Characteristics:**

See Section 4. To the best of our knowledge, the chemical, physical and toxicological properties have not been thoroughly investigated.

**Delayed and Immediate Effects of
Exposure:**

No data available.

Acute Toxicity – Oral:
Acute Toxicity – Dermal:
Acute Toxicity – Inhalation:
Corrosivity:
Dermal Irritation:
Dermal Irritation:
Eye Irritation:
Sensitization:
Toxicokinetics/Metabolism:
Target Organ Effects:
Reproductive Effects:
Carcinogenicity:

No data available.
No data available.
No data available.
No data available.
No data available.
No data available.
No data available.
No data available.
No data available.
No data available.
No data available.
No data available.

National Toxicology Program (NTP):

Not considered to be a carcinogen.

**International Agency for Research on
Cancer (IARC):**

Not considered to be a carcinogen.

**Occupational Safety and Health
Administration (OSHA):**

Not considered to be a carcinogen.

Mutagenicity:

No data available.

Aspiration Hazard:

Based on available data, the classification criteria are not met.

12. Ecological Information

Ecotoxicity

Aquatic:
Terrestrial:
Persistence and Degradability:
Bioaccumulative Potential:
Mobility in Soil:
Mobility in Environment:
Other Adverse Effects:

No data available.
No data available.
No data available.
No data available.
No data available.
No data available.
No data available.

13. Disposal Considerations

Dispose of all waste in accordance with Federal, State and Local regulations.

SDS: AnaSed® Injection (xylazine sterile solution)
20 mg/mL**14. Transport Information**

UN Number:	UN2811.
UN Proper Shipping Name:	Toxic solid, organic, n.o.s. (Xylazine Hydrochloride)
Transport Hazard Class(es):	6.1.
Packing Group:	III.
Department of Transportation:	Not regulated as a hazardous material.
International Air Transport Association (IATA):	Not regulated as a dangerous good.
International Maritime Dangerous Good (IMDG):	Not regulated as a dangerous good.

15. Regulatory Information**US Federal Regulations:**

Toxic Substance Control Act (TSCA):	Exempt.
CERCLA Hazardous Substance and Reportable Quantity:	Not listed.
SARA 313:	Not listed.
SARA 302:	Not listed.

State Regulations

Massachusetts:	Not listed.
New Jersey:	Not listed.
Pennsylvania:	Not listed.
California Proposition 65:	Not listed.

16. Other Information

Revision Date: 07/23/2015

Revision Number: 0

Disclaimer: This document is generated to distribute health, safety and environmental data. It is not a specification sheet and none of the displayed data should be construed as a specification. Information on this SDS sheet was obtained from sources which we believe are reliable, and we believe that the information is complete and accurate. However, the information is provided without any warranty, express or implied, regarding its correctness. Some of the information presented and conclusions drawn are from sources other than direct test data of the substance. The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may also be beyond our knowledge. It is the user's responsibility to determine the suitability of any material for a specific purpose and to adopt such safety precautions as may be necessary. If the product is used as a component in another product, this SDS information may not be applicable. For these reasons, we do not assume any responsibility and expressly disclaim liability for any loss, damage or expense arising out of or in any way connected with the handling, storage, use or disposal of this product.

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

1. IDENTIFICATION

Product Identifier: AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

Synonyms: 4H-1,3-Thiazin-2-amine,N-(2,6-dimethylphenyl)-5,6 dihydro-, monohydrochloride

National Drug Code (NDC): 59399-111-50

Recommended Use: For Animal Use Only. Xylazine should be used in horses and Cervidae (Fallow Deer, Mule Deer, Sika Deer, White-Tailed Deer and Elk) when it is desirable to produce a state of sedation accompanied by a shorter period of analgesia.

Company: Akorn, Inc.
1925 West Field Court, Suite 300
Lake Forest, Illinois 60045

Contact Telephone: 1-800-932-5676

E mail: customer.service@akorn.com

Emergency Phone Number: CHEMTREC 1-800-424-9300 (U.S. and Canada)

2. HAZARD(S) IDENTIFICATION

Physical Hazards: Not classifiable.

Health Hazards: Acute Toxicity, Oral Category 4
Serious Eye Damage/Eye Irritation Category 1



Symbol(s):

Signal Word: Danger.

Hazard Statement(s):

H302 Harmful if swallowed.

H318 Causes serious eye damage.

Precautionary Statement(s):

P264 Wash hands and other exposed areas thoroughly after handling.

P270 Do not eat, drink or smoke when using this product.

P280 Wear protective gloves/protective clothing/eye protection/face protection.

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

- P301 IF SWALLOWED: Call a POISON CENTRE/
+ doctor/physician if you feel unwell.
P312
- P330 Rinse mouth.
- P305 IF IN EYES: Rinse cautiously with water for
+ several minutes. Remove contact lenses, if
P351 present and easy to do. Continue rinsing.
+
P338
- P337 If eye irritation persists: Get medical advice/
+ attention.
P313
- P362 Take off contaminated clothing and wash before
+ Reuse.
P364
- P405 Store locked up.
- P501 Dispose of contents/container in accordance
with local/regional/national/International
regulations.

Hazards Not Otherwise Classified:
Supplementary Information:

None.
None.

3. COMPOSITION / INFORMATION ON INGREDIENTS

Ingredient	Chemical Name	CAS Number	Chemical Formula	Molecular Weight	Percentage
Xylazine Hydrochloride	4H-1,3-Thiazin-2-amine, N-(2,6-dimethylphenyl)-5,6-dihydro-, monohydrochloride	23076-35-9	C ₁₂ H ₁₆ N ₂ S•HCl	256.8	10%

The formula also contains: Methylparaben, 0.9 mg; Propylparaben 0.1 mg, Sodium Citrate Dihydrate, 5.0 mg and Water for Injection. Citric Acid and Sodium Citrate are used to adjust pH.

4. FIRST AID MEASURES

Ingestion:

If a person vomits place them in the recovery position so that vomit will not reenter the mouth and throat. Rinse mouth with water. If swallowed, seek medical advice immediately and show the container or label. Treat symptomatically and supportively. Ensure that medical personnel are aware of the material(s) involved and take precautions to protect themselves.

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

Eye Contact:	Remove from source of exposure. Flush with copious amounts of water for at least 15 minutes. If irritation persists or signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary. Ensure that medical personnel are aware of the material(s) involved and are aware of precautions to protect themselves.
Skin Contact:	Remove from source of exposure. Remove and isolate contaminated clothing and shoes. Flush with copious amounts of water for at least 20 minutes. Use soap. If irritation persists or signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary. Ensure that medical personnel are aware of the material(s) involved and are aware of precautions to protect themselves.
Inhalation:	Remove from source of exposure. Move individual(s) to fresh air. Give artificial respiration if individual(s) are not breathing and call emergency medical service. If signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary. Ensure that medical personnel are aware of the material(s) involved and are aware of precautions to protect themselves.
Protection of First-Aiders:	Use personal protective equipment (see section 8).
Signs and Symptoms:	A person that has absorbed this product or through accidental parenteral injection has been exposed may experience some or all of the following: fatigue with ptosis (falling), muscle relaxation, decreased sensitivity to pain, pronounced dryness of mouth, and paleness of skin.
Medical Conditions Aggravated by Exposure:	Not determined.
Notes to Physician:	Treat supportively and symptomatically.

5. FIREFIGHTING MEASURES

Suitable Extinguishing Media:	Use water, carbon dioxide, dry chemical or water spray.
Unsuitable Extinguishing Media:	Not determined.
<u>Specific Hazards Arising from the Chemical</u>	
Hazardous Combustion Products:	No data available.
Other Specific Hazards:	Closed containers may explode from the heat of fire.
Special Protective Equipment and Precautions for Firefighters:	Wear self-contained breathing apparatus and full and protective gear.

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

6. ACCIDENTAL RELEASE MEASURES

- Personal Precautions:** Use personal protective equipment recommended in Section 8 of this document and isolate the hazard area.
- Personal Protective Equipment:** For personal protection see section 8.
- Methods for Cleaning Up:** Absorb with inert material. Recover product and place in an appropriate container for disposal in accordance with local, state and federal regulations. Wipe working area surfaces to dryness, and then wash with soap and water.
- Environmental Precautions:** Contain material and prevent release to basements, confined spaces, waterways or soil.
- Reference to Other Sections:** Refer to Sections 8, 12 and 13 for further information.

7. HANDLING AND STORAGE

- Precautions for Safe Handling:** Handle in accordance with product label and/or product insert information. Handle in accordance with good industrial hygiene and safety practices.
- Conditions for Safe Storage, Including Any Incompatibilities:** Store at room temperature 15° to 30°C (59° to 86°F). Protect from heat.
- Specific End Use:** Pharmaceutical drug product.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Occupational Exposure Guidelines:

Ingredient	Type	Value
Xylazine Hydrochloride	Not established	Not established

- Engineering Controls:** Engineering controls should be used as the primary means to control exposures.
- Respiratory Protection:** Where respirators are deemed necessary to reduce or control occupational exposures, use NIOSH-approved respiratory protection and have an effective respirator program in place (applicable U.S. regulation OSHA 29 CFR 1910.134).
- Eyes Protection:** Avoid contact with eyes. Face shields or goggles may be required if splash potential exists or if corrosive materials are present. Approved eye protection (e.g., bearing the ANSI Z87 or CSA stamp) is preferred. Maintain eyewash facilities in the work area.

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

Hand Protection:	Chemically compatible gloves are recommended. Use handling practices that minimize direct hand contact. Employees who are sensitive to natural rubber (latex) should use nitrile or other synthetic non-latex gloves. Use of powdered latex gloves should be avoided due to the risk of latex allergy.
Skin Protection:	Wear protective laboratory coat, apron, or disposable garment when working with large quantities.
General Hygiene Considerations:	Always observe good personal hygiene measures, such as washing after handling the material and before eating, drinking, and/or smoking. Routinely wash work clothing and protective equipment to remove contaminants.

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical State/Color:	Clear, colorless liquid.
Odor:	None.
Odor Threshold:	No data available.
pH:	No data available.
Melting Point:	No data available.
Freezing Point:	No data available.
Boiling Point:	No data available.
Flash Point:	No data available.
Evaporation Rate:	No data available.
Flammability (solid, gas):	No data available.
Flammability Limit - Lower:	No data available.
Flammability Limit - Upper:	No data available.
Vapor Pressure:	No data available.
Vapor Density:	No data available.
Relative Density:	No data available.
Solubility(ies):	Soluble in water.
Partition Coefficient (n-octanol/water):	No data available.
Auto-Ignition Temperature:	No data available.
Decomposition Temperature:	No data available.
Viscosity:	No data available.

10. STABILITY AND REACTIVITY

Reactivity:	The product is stable and non-reactive under normal conditions of use, storage and transport.
Chemical Stability:	Stable under recommended storage conditions.
Possibility of Hazardous Reactions:	No data available.
Conditions to Avoid (e.g., static discharge, shock, or vibration):	Protect from heat. Do not store over 30°C (86°F).
Incompatible Materials:	Strong oxidizers.
Hazardous Decomposition Products:	Carbon monoxide (CO), Carbon dioxide (CO ₂).

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

11. TOXICOLOGICAL INFORMATION

Information on the Likely Routes of Exposure

Inhalation: No data available.

Ingestion: Harmful if swallowed.

Skin Contact: May cause skin irritation.

Eye Contact: Causes eye irritation.

Symptoms Related to the Physical, Chemical and Toxicological Characteristics:

See Section 4. To the best of our knowledge, the chemical, physical and toxicological properties have not been thoroughly investigated.

Delayed and Immediate Effects of Exposure:

Low blood pressure, respiratory depression, central nervous system depression, bradycardia, tachycardia, coma.

Acute Toxicity

Not fully established. This product is a mixture that has not been fully tested as a whole. Information provided herein is derived from the approved product insert and/or supplier SDS for active ingredients.

Ingredient	Species	Route	Test Type	Dosage
Xylazine	Rat	Oral	LD ₅₀	130 mg/kg
	Mouse	Oral	LD ₅₀	240 mg/kg

Irritation / Sensitization

Ingredient	Study Type	Species	Severity
No data available	No data available	No data available	No data available

Repeated Dose Toxicity

Ingredient	Duration	Species	Route	Dosage	Test Type	Target Organ
No data available	No data available	No data available	No data available	No data available	No data available	No data available

Reproduction and Developmental Toxicity

Ingredient	Study Type	Species	Route	Dosage	Test Type	Effect(s)
No data available	No data available	No data available	No data available	No data available	No data available	No data available

Genetic Toxicity

Ingredient	Study Type	Cell Type / Organism	Result
No data available	No data available	No data available	No data available

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

Aspiration Hazard: No data available.
 Toxicokinetics/Metabolism: No data available.
 Target Organ Effects: No data available.
 Systemic Effects: No data available.
 Reproductive Effects: No data available.
 Carcinogenicity: No data available.

National Toxicology Program (NTP): Not considered to be a carcinogen.

International Agency for Research on Cancer (IARC): Not considered to be a carcinogen.

Occupational Safety and Health Administration (OSHA): Not considered to be a carcinogen.

12. ECOLOGICAL INFORMATION

Aquatic Toxicity

Ingredient	Species	Test Type	Dosage	Duration
No data available	No data available	No data available	No data available	No data available

Terrestrial Toxicity: No data available.
 Persistence and Degradability: No data available.
 Bioaccumulative Potential: No data available.
 Mobility in Soil: No data available.
 Mobility in Environment: No data available.
 Other Adverse Effects: No data available.

13. DISPOSAL CONSIDERATIONS

Do not empty into drains; dispose of this material and its container in a safe way. Dispose of all waste in accordance with Federal, State and Local regulations.

14. TRANSPORT INFORMATION

Department of Transportation (DOT): Not regulated as a hazardous material.

UN Proper Shipping Name	UN Number	Transport Hazard Class	Packing Group
Not applicable	Not applicable	Not applicable	Not applicable

International Air Transport Association (IATA): Not regulated as a dangerous good.

UN Proper Shipping Name	UN Number	Transport Hazard Class	Packing Group
Not applicable	Not applicable	Not applicable	Not applicable

International Maritime Dangerous Good (IMDG): Not regulated as a dangerous good.

UN Proper Shipping Name	UN Number	Transport Hazard Class	Packing Group
Not applicable	Not applicable	Not applicable	Not applicable

SAFETY DATA SHEET

AnaSed® Injection (Xylazine Sterile Solution) 100 mg/mL

15. REGULATORY INFORMATION

US FEDERAL REGULATIONS

Toxic Substance Control Act (TSCA):

Ingredient	Inventory
Xylazine Hydrochloride	No

CERCLA Hazardous Substance:

Ingredient	Reportable Quantity
Not applicable	Not applicable

EPCRA Extremely Hazardous Substances and Toxic Chemicals:

Ingredient	Section 302	Section 313
Not applicable	Not applicable	Not applicable

U.S. STATE RIGHT-TO-KNOW REGULATIONS

Ingredient	New Jersey	Pennsylvania	Massachusetts
Xylazine Hydrochloride	Listed	Listed	Not Listed

California Proposition 65:

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

16. OTHER INFORMATION

The vial stopper contains dry natural rubber.

See footer of this document for Revision Date and Revision Number.

Disclaimer: This document is generated to distribute health, safety and environmental data. It is not a specification sheet and none of the displayed data should be construed as a specification. Information on this SDS sheet was obtained from sources which we believe are reliable, and we believe that the information is complete and accurate. However, the information is provided without any warranty, express or implied, regarding its correctness. Some of the information presented and conclusions drawn are from sources other than direct test data of the substance. The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may also be beyond our knowledge. It is the user's responsibility to determine the suitability of any material for a specific purpose and to adopt such safety precautions as may be necessary. If the product is used as a component in another product, this SDS information may not be applicable. For these reasons, we do not assume any responsibility and expressly disclaim liability for any loss, damage or expense arising out of or in any way connected with the handling, storage, use or disposal of this product.