

**City of Coquitlam**

**REQUEST FOR EXPRESSIONS OF INTEREST**

**RFEI No. 22-034**

**Applications will be accepted on an ongoing basis**

**INSTRUCTIONS FOR SUBMISSION**

Submissions are to be consolidated into one PDF file and uploaded through QFile, the City’s file transfer service accessed at website: [qfile.coquitlam.ca/bid](http://qfile.coquitlam.ca/bid)

1. **In the “Subject Field” enter:** RFEI Number and Name
2. **Add files in .pdf format and “Send”**

(Ensure your web browser remains open until you receive 2 emails from QFile to confirm upload is complete.)

Respondents are responsible to allow ample time to complete the Submission process. If assistance is required phone 604-927-3037.

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| **Legal Name of Proponent** |  |
| **Contact Person and Title** |  |
| **Business Address** |  |
| **Telephone** |  |
| **Email Address** |  |

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| 1. **Fees for Basic Treatment Services** | |
| **Veterinary Service** | **Price** |
| Canine – Spay | $ |
| Canine – Neuter | $ |
| Feline – Spay | $ |
| Feline – Neuter | $ |
| Mature Canine – Spay | $ |
| Mature Canine – Neuter | $ |
| Mature Feline – Spay | $ |
| Mature Feline – Neuter | $ |
| X-Rays | State Discount: |
| Sedation Level 1 | $ |
| Sedation Level 2. | $ |
| Euthanasia | $ |
| IV Fluids Setup | $ |
| Dental – Scaling, Excluding anesthesia | $ |
| Grooming (i.e. matt removal / lion shave) | $ |
| Blood Draw Fee | State Discount: |
| Rabbit Spay | $ |
| Rabbit Neuter | $ |
| Exam of Shelter Animals | Included in Service or $ |
| Vaccines | State Discount: |
| Prescribed Medication | State Discount: |
| Medical Products & Supplies | State Discount: |
| Other Services as Required | State Discount: |

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| 1. Please describe any alternative proposals that would reduce or eliminate Dispensing Fees. |
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| 1. State operating hours of the Veterinary Clinic: | |
| Monday to Friday |  |
| Saturday |  |
| Sunday |  |
| Public Holidays |  |
| Emergency |  |

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| 1. Please provide an overview of the Veterinary Clinic’s facilities and service capabilities. Also describe all specialized care capability or animal specialties that the Veterinarian & clinic offers i.e. birds, rabbits, other small animals, reptiles etc. |
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| 1. **Staffing -** Please provide information as to the number and qualifications/job titles (vets, vet techs, vet assistants, receptionists etc.) of your current staff. | | |
| **Name** | **Position** | **Qualifications** |
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**Attention Purchasing Manager:**

1. **I/We, the undersigned duly authorized representative of the Proponent**, having received and carefully reviewed all of the Proposal documents, including the RFEI and any issued addenda posted on the City’s website [www.coquitlam.ca/Bid-Opportunities](http://www.coquitlam.ca/140/Bid-Opportunities) , and having full knowledge of the Site, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions connected to performing the Services~~,~~ submit this Submission to the RFEI.
2. **I/We**  agree to the rules of participation outlined in the [Instructions to Proponents](https://www.coquitlam.ca/DocumentCenter/View/1457/Instructions-to-Proponents-PDF) and should our Submission be selected, agree to the City’s [Standard Terms and Conditions - Purchase of Goods and Services](https://www.coquitlam.ca/DocumentCenter/View/1446/10-02-2019-Standard-Terms-and-Conditions---Purchase-of-Goods-and-Services-PDF) and will accept the City’s Contract as defined within this RFEI document.
3. **I/We confirm** that, if I/we am/are awarded the Agreement, I/we will at all times be the “Prime Contractor” as provided by the Worker's Compensation Act (British Columbia) with respect to the Services. I/we further confirm that if I/we become aware that another contractor at the place(s) of the Services has been designated as the “Prime Contractor”, I/we will notify the City immediately, and I/we will indemnify and hold the City harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the City in connection with any failure to so notify the City.
4. **I/We acknowledge** receipt of the following Addenda related to this Request for Expressions of Interest and have incorporated the information received in preparing this Submission.

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| **Addendum No.** | **Date Issued** |
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**This Submission** is submitted this \_\_\_\_day of \_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

**I/We have the authority to sign on behalf of the Respondent and have duly read all documents.**

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| **Name of Proponent** |  |
| **Signature(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |
| **Print Name(s) and Position(s) of Authorized Signatory(ies)** | **1.** |
| **2.** |