BID SCHEDULE

BASE YEAR (DATE OF AWARD THROUGH TWELVE (12) CALENDAR MONTHS)

ITEM NO.	DESCRIPTION OF SERVICES	EST QTY	UNIT OF MEASURE	UNIT PRICE	TOTAL AMOUNT
0001	Veterinarian Services, as set forth in Section C, herein. Price includes portal to portal direct labor (time) expense.	400	Hours	$_____	$_____
0002	Round trips to facility	150	Trips	$_____	$_____
0003	Veterinary Technician	100	Hours	$	$
0004	PRICE OF SUPPLIES BY TREATMENT CATEGORY				
A*	Castrate	100	Per Animal**	$	$
B*	Hernia Repair	5	Per Animal**	$_____	$_____
C*	Colic	5	Per Animal**	$_____	$_____
D*	Euthanasia	15	Per Animal**	$_____	$_____
E*	Lab Processing Fee	30	Per Animal**	$_____	$_____
F*	Miscellaneous Surgeries	10	Per Animal**	$_____	$_____
G*	Fluid/Supplies for fluid delivery	5	Per Animal**	$_____	$_____
H*	Coggins tests AGID (Standard test)	500	Per Animal**	$	$
I*	Coggins tests ELISA (Quick test)	50	Per Animal**	$_____	$_____
J*	Health Certificate Preparation	3,000	Per Animal**	$_____	$_____
K*	Crypt orchid surgery	10	Per Animal **	$	$
	SUB-TOTAL FOR SUPPLIES BY TREATMENT CATEGORY $_____ _____				
	TOTAL (ALL OR NONE) LINE ITEMS 0001, 0002, 0003, THROUGH 0004 K, BASE YEAR $_____				

***Note:** The supply items A – K cannot contain any labor hours, it must be for the cost of the supplies only. The labor hours need to be identified on 0001 and 0003.

The quantities listed above are estimates only and are not guaranteed by the Government. They are also the maximum quantities to be ordered for this performance period.

****Note:** Per Animal means each time the Animal is treated.

The veterinarian will provide all supplies/drugs required to perform the services described in the statement of work and/or covered in the treatment categories shown above. Any services not covered in the statement of work or in the treatment categories above shall be purchased by separate purchase order through the State office and approved by the COR. The above schedule covers the cost for supplies needed to complete the treatment. The cost of labor is included in the hourly veterinarian services. The contractor must have all necessary supplies and drugs available for treatment on site during designated treatment days.

OPTION YEAR - 1

	DESCRIPTION OF SERVICES	EST QTY	UNIT OF MEASURE	UNIT PRICE	TOTAL AMOUNT
0001	Veterinarian Services, as set forth in Section C, herein. Price includes portal to portal direct labor (time) expense.	400	Hours	$_____	$_____
0002	Round trips to facility	150	Trips	$_____	$_____
0003	Veterinary Technician	100	Hours	$_____	$_____
0004	PRICE OF SUPPLIES BY TREATMENT CATEGORY				
A*	Castrate	100	Per Animal**	$_____	$_____
B*	Hernia Repair	5	Per Animal**	$_____	$_____
C*	Colic	5	Per Animal**	$_____	$_____
D*	Euthanasia	15	Per Animal**	$_____	$_____
E*	Lab Processing Fee	30	Per Animal**	$_____	$_____
F*	Miscellaneous Surgeries	10	Per Animal**	$_____	$_____
G*	Fluid/Supplies for fluid delivery	5	Per Animal**	$_____	$_____
H*	Coggins tests AGID (Standard test)	500	Per Animal**	$_____	$_____
I*	Coggins tests ELISA (Quick test)	50	Per Animal**	$_____	$_____
J*	Health Certificate Preparation	3,000	Per Animal**	$_____	$_____
K*	Crypt Orchid Surgery	10	Per Animal**	$_____	$_____

SUB-TOTAL FOR SUPPLIES BY TREATMENT CATEGORY $_____

TOTAL (ALL OR NONE) LINE ITEMS 0001, 0002, 0003, THROUGH 0004 K, OPTION YEAR 1 $_____

***Note:** The supply items A – K cannot contain any labor hours, it must be for the cost of the supplies only. The labor hours need to be identified on 0001 and 0003.

The quantities listed above are estimates only and are not guaranteed by the Government. They are also the maximum quantities to be ordered for this performance period.

****Note:** Per Animal means each time the Animal is treated.

The veterinarian will provide all supplies/drugs required to perform the services described in the statement of work and/or covered in the treatment categories shown above. Any services not covered in the statement of work or in the treatment categories above shall be purchased by separate purchase order through the State office and approved by the COR. The above schedule covers the cost for supplies needed to complete the treatment. The cost of labor is included in the hourly veterinarian services. The contractor must have all necessary supplies and drugs available for treatment on site during designated treatment days.

OPTION YEAR - 2

ITEM NO.	DESCRIPTION OF SERVICES	EST QTY	UNIT OF MEASURE	UNIT PRICE	TOTAL AMOUNT
0001	Veterinarian Services, as set forth in Section C, herein. Price includes portal to portal direct labor (time) expense.	400	Hours	$_____	$_____
0002	Round trips to facility	150	Trips	$_____	$_____
0003	Veterinary Technician	100	Hours	$_____	$_____
0004	PRICE OF SUPPLIES BY TREATMENT CATEGORY				
A*	Castrate	100	Per Animal**	$_____	$_____
B*	Hernia Repair	5	Per Animal**	$_____	$_____
C*	Colic	5	Per Animal**	$_____	$_____
D*	Euthanasia	15	Per Animal**	$	$
E*	Lab Processing Fee	30	Per Animal**	$_____	$_____
F*	Miscellaneous Surgeries	10	Per Animal**	$	$
G*	Fluid/Supplies for fluid delivery	5	Per Animal**	$_____	$_____
H*	Coggins tests AGID (Standard test)	500	Per Animal**	$_____	$_____
I*	Coggins tests ELISA (Quick test)	50	Per Animal**	$_____	$_____
J*	Health Certificate Preparation	3,000	Per Animal**	$_____	$_____
K*	Crypt Orchid Surgery	10	Per Animal **	$	$
	SUB-TOTAL FOR SUPPLIES BY TREATMENT CATEGORY			$_____	_____
	TOTAL (ALL OR NONE) LINE ITEMS0001, 0002, 0003, THROUGH 0004 K OPTION YEAR 2 $_____ _____				

***Note:** The supply items A – K cannot contain any labor hours, it must be for the cost of the supplies only. The labor hours need to be identified on 0001 and 0003.

The quantities listed above are estimates only and are not guaranteed by the Government. They are also the maximum quantities to be ordered for this performance period.

****Note:** Per Animal means each time the Animal is treated.

The veterinarian will provide all supplies/drugs required to perform the services described in the statement of work and/or covered in the treatment categories shown above. Any services not covered in the statement of work or in the treatment categories above shall be purchased by separate purchase order through the State office and approved by the COR. The above schedule covers the cost for supplies needed to complete the treatment. The cost of labor is included in the hourly veterinarian services. The contractor must have all necessary supplies and drugs available for treatment on site during designated treatment days.

OPTION YEAR - 3

ITEM NO.	DESCRIPTION OF SERVICES	EST QTY	UNIT OF MEASURE	UNIT PRICE	TOTAL AMOUNT
0001	Veterinarian Services, as set forth in Section C, herein. Price includes portal to portal direct labor (time) expense.	400	Hours	$_____	$_____
0002	Round trips to facility	150	Trips	$_____	$_____
0003	Veterinary Technician	100	Hours	$_____	$_____
0004	PRICE OF SUPPLIES BY TREATMENT CATEGORY				
A*	Castrate	100	Per Animal**	$_____	$_____
B*	Hernia Repair	5	Per Animal**	$_____	$_____
C*	Colic	5	Per Animal**	$_____	$_____
D*	Euthanasia	15	Per Animal**	$	$
E*	Lab Processing Fee	30	Per Animal**	$_____	$_____
F*	Miscellaneous Surgeries	10	Per Animal**	$	$
G*	Fluid/Supplies for fluid delivery	5	Per Animal**	$_____	$_____
H*	Coggins tests AGID (Standard test)	500	Per Animal**	$_____	$_____
I*	Coggins tests ELISA (Quick test)	50	Per Animal**	$_____	$_____
J*	Health Certificate Preparation	3,000	Per Animal**	$_____	$_____
K*	Crypt Orchid Surgery	10	Per Animal**	$	$
	SUB-TOTAL FOR SUPPLIES BY TREATMENT CATEGORY $_____ _____				
	TOTAL (ALL OR NONE) LINE ITEMS 0001, 0002, 0003, THROUGH 0004 K, OPTION YEAR 3 $_____ _____				

***Note:** The supply items A – K cannot contain any labor hours, it must be for the cost of the supplies only. The labor hours need to be identified on 0001 and 0003.

The quantities listed above are estimates only and are not guaranteed by the Government. They are also the maximum quantities to be ordered for this performance period.

****Note:** Per Animal means each time the Animal is treated.

The veterinarian will provide all supplies/drugs required to perform the services described in the statement of work and/or covered in the treatment categories shown above. Any services not covered in the statement of work or in the treatment categories above shall be purchased by separate purchase order through the State office and approved by the COR. The above schedule covers the cost for supplies needed to complete the treatment. The cost of labor is included in the hourly veterinarian services. The contractor must have all necessary supplies and drugs available for treatment on site during designated treatment days.

OPTION YEAR - 4

ITEM NO.	DESCRIPTION OF SERVICES	EST QTY	UNIT OF MEASURE	UNIT PRICE	TOTAL AMOUNT
0001	Veterinarian Services, as set forth in Section C, herein. Price includes portal to portal direct labor (time) expense.	400	Hours	$_____	$_____
0002	Round trips to facility	150	Trips	$_____	$_____
0003	Veterinary Technician	100	Hours	$_____	$_____
0004	PRICE OF SUPPLIES BY TREATMENT CATEGORY				
A*	Castrate	100	Per Animal**	$_____	$_____
B*	Hernia Repair	5	Per Animal**	$_____	$_____
C*	Colic	5	Per Animal**	$_____	$_____
D*	Euthanasia	15	Per Animal**	$	$
E*	Lab Processing Fee	30	Per Animal**	$_____	$_____
F*	Miscellaneous Surgeries	10	Per Animal**	$	$
G*	Fluid/Supplies for fluid delivery	5	Per Animal**	$_____	$_____
H*	Coggins tests AGID (Standard test)	500	Per Animal**	$_____	$_____
I*	Coggins tests ELISA (Quick test)	50	Per Animal**	$_____	$_____
J*	Health Certificate Preparation	3,000	Per Animal**	$_____	$_____
K*	Crypt Orchid Surgery	10	Per Animal**	$	$
SUB-TOTAL FOR SUPPLIES BY TREATMENT CATEGORY $_____ _____					
TOTAL (ALL OR NONE) LINE ITEMS 0001, 0002, 0003, THROUGH 0004 K, OPTION YEAR 4 $_____ _____					

***Note:** The supply items A – K cannot contain any labor hours, it must be for the cost of the supplies only. The labor hours need to be identified on 0001 and 0003.

The quantities listed above are estimates only and are not guaranteed by the Government. They are also the maximum quantities to be ordered for this performance period.

****Note:** Per Animal means each time the Animal is treated.

The veterinarian will provide all supplies/drugs required to perform the services described in the statement of work and/or covered in the treatment categories shown above. Any services not covered in the statement of work or in the treatment categories above shall be purchased by separate purchase order through the State office and approved by the COR. The above schedule covers the cost for supplies needed to complete the treatment. The cost of labor is included in the hourly veterinarian services. The contractor must have all necessary supplies and drugs available for treatment on site during designated treatment days.