

AGREEMENT

This agreement is entered into on this ____ day of _____, 2016 by and between the City of Columbia, Missouri, on behalf of its Department of Public Health and Human Services (hereinafter referred to as "Department") and The Curators of the University of Missouri, on behalf of its Veterinary Medical Teaching Hospital (hereinafter referred to as "Hospital").

WHEREAS, the Department is authorized and charged with enforcing animal control and animal protection ordinances and statutes; and

WHEREAS, the Department, by and through its agents and employees, periodically are required to seek professional treatment and care for the animals in the performance of their duties; and

WHEREAS, the Hospital requires written authorization and consent prior to providing initial evaluation, treatment and care; and

WHEREAS, the Department and the Hospital desire to create a professional working relationship which allows for efficient emergency and critical care by eliminating the response time for Department authorization and consent for treatment; and

WHEREAS, the parties desire to establish certain operating procedures and expense limitations and guidelines to eliminate the delay of treatment, particularly during hours and days when the Department is not open to the public and not available by phone.

NOW, THEREFORE, Department and Hospital agree as follows:

Upon presentation by an agent or employee of the Department, the presenting agent or employee shall have authorization to sign the Hospital consent form for initial evaluation, emergency stabilization and pain relief.

2. Department will provide Hospital personnel, at the time of presentation to the Hospital, contact information for appropriate 24/7 Department contact.
3. The cost of the initial evaluation, emergency stabilization and pain relief shall be limited to Three Hundred Fifty Dollars (\$350.00), plus the cost of ICU hospitalization of up to One Hundred Fifty Dollars (\$150.00) per day for twenty-four hours. Included in the initial evaluation (\$350.00) is cage-side diagnostic workup, blood pressure, EKG, packed cell volume, total protein, blood glucose, blood electrolyte evaluation, oxygen administration, IV catheterization, stabilization and administration of analgesic therapy.
4. In the event further diagnostic tests (diagnostic imaging, clinical pathology laboratory diagnostic tests; e.g., complete blood count, serum biochemical

profile) or treatment (e.g., 24-hour fluid therapy, antibiotics, and/or continued monitoring) are needed for stabilization, presenting agent or employee may consent to a maximum cost of \$800.00 per animal.

5. In the event that in the expert opinion of the attending veterinarian that further diagnostic testing and procedures are medically necessary, such as radiographs, ultrasounds, MRI, CT scans, endoscopic examinations or any surgical procedures, the consent of the Department's Animal Control Supervisor, Assistant Director or their designee, must be obtained.
6. The total not-to-exceed amount by the Department shall be Ten Thousand Dollars (\$10,000.00) during the term of this agreement.
7. In the event that the attending veterinarian determines in the veterinarian's professional opinion that euthanasia is the best medical option, then permission must be obtained from the Department's Animal Control Supervisor, Assistant Director or their designee.
8. Department shall make arrangements to pick up the animal from the Hospital the following day, unless the attending veterinarian recommends the animal remain hospitalized and the Department's Animal Control Supervisor, Assistant Director or their designee, authorizes and consents to extended treatment.
9. An itemized invoice for services provided shall be sent to the following address:

Columbia / Boone County
Department of Public Health and Human Services
c/o DeeAnn Palmer-Twenter, Sr. Administrative Supervisor
1005 W. Worley Street
Columbia, MO 65203
10. This Agreement shall terminate on September 30, 2017.

[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have been duly authorized to execute this Agreement as of the above-referenced date.

CITY OF COLUMBIA, MISSOURI

By: _____
Mike Matthes, City Manager

ATTEST:

Sheela Amin, City Clerk

APPROVED AS TO FORM:

Nancy Thompson, City Counselor

CERTIFICATION: I hereby certify that this contract is within the purpose of the appropriation to which it is to be charged, Account No. _____, and that there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor.

Director of Finance

**THE CURATORS OF THE
UNIVERSITY OF MISSOURI**

By: _____

VETERINARY MEDICAL TEACHING HOSPITAL

By: _____
David A. Wilson, DVM, MS, DACVS
Professor and Hospital Director