

## REQUEST FOR QUALIFICATIONS

The Flathead City-County Board of Health is requesting interested persons/firms to submit their qualifications for providing veterinary services to the Flathead County Animal Shelter. Such qualification statements are to be submitted, in writing, to the Flathead City-County Board of Health at 1035 First Avenue West, Kalispell, Montana, 59901 and must be received no later than **June 1, 2018, at 5:00 P.M.** All responses will be reviewed by a selection committee appointed by the Flathead City-County Board of Health and those persons/firms chosen for further discussions or more detailed submittals will be so notified by written letter from the Flathead City-County Health Department.

### SCOPE OF WORK:

The firm selected will provide veterinary services by a Doctor of Veterinary Medicine necessary to facilitate the Flathead County Animal Shelter's mission of spaying or neutering cats and dogs reaching "adoptable" status, as well as other veterinary medical needs which regularly arise. The shelter often houses over 50 cats and over 50 dogs, brought in both as strays and owner-surrenders.

A project description will be available at [www.flatheadhealth.org](http://www.flatheadhealth.org) or picked up at the Flathead City-County Health Department, 1035 First Ave. West, Kalispell, MT.

### CRITERIA OF SELECTION:

Selection of a person/firm for the provision of these services will be based upon the following criteria and each must be addressed within the qualifications response submitted in order to be eligible for consideration.

1. Demonstrated professional expertise and knowledge to create a healthy and safe environment for pets under the care of the Shelter focusing on the philosophies of herd health, preventative medicine, and maintaining good public health.
2. Demonstrated ability to provide basic or emergent medical care and surgical sterilization for pets in the Shelter to maximize the chances for a successful adoption of every pet. Services must be provided by a licensed Veterinarian and a veterinary technician.
3. These individuals/firms must provide proof of:
  - a. Worker's compensation insurance, and
  - b. \$1M liability insurance (at minimum). The firm selected must be willing to name Flathead County as "additional insured."
4. Demonstrated ability to develop and administer clear medical and surgical policies and procedures for standardization of services to be implemented and consistently utilized.

5. Ensure that all adopted pets are as healthy at release as practical, respecting the financial parameters set by the Shelter
6. Demonstrated ability to partner with the Shelter staff to cultivate a public image that adopted pets are healthy when they are released. Alternatively, for pets with real or potential health concerns at the time of release, be able to accurately describe in writing the issues of concern.
7. Demonstrated ability to develop, administer and provide effective oversight of a scheduled staff training program so that better and more consistent medicine can be delivered by the current staff with confidence.
8. If you have provided similar services for other shelters, please provide references in the written form indicating name, address and telephone number of owners for similar projects completed.
9. Present and projected workloads of the person/firm to ensure the services desired are provided.
10. Resumes of persons assigned to this project.
11. Please provide at least three references indicating name, address and telephone numbers.
12. The person/firm selected should be willing to become and remain a member in good standing of Association of Shelter Veterinarians (<http://www.sheltervet.org/> ) and will be expected to support the Shelter in its efforts to follow ASV guidelines whenever possible and practical.

Weighted evaluation criteria will be available upon request and will be based on the eleven criteria listed above.

Please provide six Statements of Qualifications. Questions may be referred to Hillary Hanson, Health Officer, Flathead City-County Health Department at (406) 751-8101.

Dated this 19<sup>th</sup> day of April, 2018

Flathead City-County Board of Health, Montana

By \_\_\_\_\_  
P. David Myerowitz, M.D., Chairman

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