



Procurement Review Comprehensive Checklist
 Procurement Services Division
 This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

<i>General Tracking</i>		<i>Contract Terms</i>	
FILE ID#:	RFP, BID, QUOTE OR RENEWAL #:	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$12,801.00
COMMITTEE: ANIMAL SERVICES	TARGET COMMITTEE DATE: 08/19/2025	PROMPT FOR RENEWAL:	CONTRACT TOTAL COST WITH ALL RENEWALS: \$28,801.00
	CURRENT TERM TOTAL COST: \$16,000.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
<i>Vendor Information</i>		<i>Department Information</i>	
VENDOR: PATTERSON VETERINARY SUPPLY, INC	VENDOR #: 14270	DEPT: ANIMAL SERVICES	DEPT CONTACT NAME: KRISTIE LECAROS
VENDOR CONTACT: Jordan Kavanaugh	VENDOR CONTACT PHONE: 708-466-5926	DEPT CONTACT PHONE #: 630-407-2803	DEPT CONTACT EMAIL: KRISTIE.LECAROS@DUPAGECOUNTY.GOV
VENDOR CONTACT EMAIL: Jordan.Kavanaugh@pattersonvet.com	VENDOR WEBSITE: https://www.pattersonvet.com/	DEPT REQ #:	
<i>Overview</i>			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). This contract purchase order is to provide Veterinary Pharmaceuticals & Medical Supplies for shelter animals, rescue partner animals, and community animals serviced via the Specialty Veterinary Vehicle and DCAS veterinary clinic.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished These products and services are required to uphold high standards of medical care and treatment of shelter animals and community animals.			

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required. LOWEST RESPONSIBLE QUOTE/BID (QUOTE < \$25,000, BID ≥ \$25,000; ATTACH TABULATION)
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION

JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information

<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: PATTERSON VETERINARY SUPPLY, INC	Vendor#: 14270	Dept: ANIMAL SERVICES	Division:
Attn: Jordan Kavanaugh	Email: Jordan.Kavanaugh@pattersonvet.com	Attn: KRISTIE LECAROS	Email: ANIMALSERVICES@DUPAGECOUNTY.GOV
Address: 2111 N 9th Pl, Ste 101	City: Phoenix	Address: 2255 MANCHESTER RD	City: WHEATON
State: AZ	Zip: 85024	State: IL	Zip: 60187
Phone: 708-466-5926	Fax:	Phone: 630-407-2800	Fax: 630-407-2801
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: PATTERSON VETERINARY SUPPLY, INC	Vendor#: 14270	Dept: ANIMAL SERVICES	Division:
Attn: Jordan Kavanaugh	Email: Jordan.Kavanaugh@pattersonvet.com	Attn: LAURA FLAMION	Email: LAURA.FLAMION@DUPAGECOUNTY.GOV
Address: 28905 NETWORK PLACE	City: CHICAGO	Address: 2255 MANCHESTER RD	City: WHEATON
State: IL	Zip: 60673-1282	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-2800	Fax: 630-407-2801
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Aug 27, 2025	Contract End Date (PO25): Aug 26, 2026

Purchase Requisition Line Details											
LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/Activity Code	Unit Price	Extension
1	1			VETERINARY MEDICAL SUPPLIES	FY25	1100	1300	52320		3,500.00	3,500.00
2	1			VETERINARY MEDICAL SUPPLIES - OFF PRICE LIST	FY25	1100	1300	52320		1,500.00	1,500.00
3	1			VETERINARY MEDICAL SUPPLIES	FY26	1100	1300	52320		7,000.00	7,000.00
4	1			VETERINARY MEDICAL SUPPLIES - OFF PRICE LIST	FY26	1100	1300	52320		4,000.00	4,000.00
FY is required, ensure the correct FY is selected.										Requisition Total \$	16,000.00

Comments	
HEADER COMMENTS	Provide comments for P020 and P025.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO. Animal Services has spent \$12,801 with Patterson Veterinary Supply FY25 YTD. Pricing will fluctuate periodically. Item pricing approved if < 10% over price list.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.