



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

**SOQ 24-024 Professional Veterinarian Services for the Jefferson
Protection and Animal Welfare Services Parish Wide
Jefferson Parish Government**

Project documents obtained from www.CentralBidding.com

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General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

SOQ 24-024

A. Project Name and Advertisement Resolution Number:

Professional Veterinary Services for JPAWS # 139632

B. Firm Name & Address:

Lawrence Lee Capone Jr. D.V.M.
18570 Hosmer Mill Road
Covington Louisiana 70435

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Lawrence Lee Capone Jr.
Doctor of Veterinary Medicine
leecapone79@gmail.com
985-807-5615

D. Address of principal office where Project work will be performed:

WB JPAWS Shelter
2701 Lapalco Blvd.
Harvey, Louisiana 70058

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO X

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES ☒ NO ☐

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. Lawrence Lee Capone Jr.	D.V.M. Small Animal Medicine & Surgery Small Animal Advanced Dentistry	YES
2.	Avian & Exotic Pet Medicine & Surgery	
3.		
4.		
5.		

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

1-2 or 3

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Pamela Rita Young
809 Ridgewood Drive
Metairie LA. 70001

D.V.M. / Relief Veterinarian

Name of Firm with which associated:

Lawrence Lee Capone, Jr. D.V.M.

Description of job responsibilities:

Veterinary Medicine + Surgery
Assisting with needs of Jaws Veterinary Clinic
Providing Relief for Lawrence Lee Capone Jr. DVM

Years' experience with this Firm:

2 yr.

Education: Degree(s)/Year/Specialization:

D.V.M.

Other experience and qualifications relevant to the proposed Project:

Small animal medicine + surgery

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Patricia Kelly Owens D.V.M./Relief Veterinarian 3875 3 rd ST. Metairie LA. 70002
Name of Firm with which associated:
Lawrence Lee Capone Jr. D.V.M.
Description of job responsibilities:
Veterinary Medicine + Surgery Assisting w needs of JPAWS' Veterinary Clinic Providing Veterinary relief for Lawrence Lee Capone Jr. DVM
Years' experience with this Firm:
2 yrs
Education: Degree(s)/Year/Specialization:
D.V.M.
Other experience and qualifications relevant to the proposed Project:
Small Animal Medicine + Surgery

General Professional Services Questionnaire

PROFESSIONAL NO. 3

Name & Title:

Lawrence Lee Capone Jr. candidate/Chief
D.V.M. Veterinarian

Name of Firm with which associated:

Individual - Chief Veterinarian
Lawrence Lee Capone Jr.

Description of job responsibilities:

Providing needs of Jaws' Animal Shelter
Small Animal Medicine + Surgery
Advanced dentistry
Exotic + Avian Medicine + Surgery

Years' experience with this Firm:

46 yrs.

Education: Degree(s)/Year/Specialization:

B.S. Animal Science 1974
Doctor of Veterinary Medicine 1979

Other experience and qualifications relevant to the proposed Project:

- * Strong interest in orthopedic & soft tissue surgery
- * Experienced performing high volume spay/neuter surgery
- * Capable of operating a veterinary clinic and being a leader to veterinary staff
- * 15 years of 46 concentrating/involved in shelter Medicine
- * Capable of speaking on various Aspects of Veterinary (shelter) Medicine
- * Experience working with shelter management/shelter staff

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
N/A.
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
N/A.
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>JPAWS 2701 Lapalco Blvd Harvey LA. 70058</p> <p>Lawrence Lee Capone Jr. 18510 Hosmer Mill Road Covington LA. 70435</p>	<p>Chief Veterinarian, Jefferson Parish</p> <p>Providing veterinary services for JPAWS</p> <p>Providing veterinary examinations / surgery for shelter animals</p> <p>Providing high volume spay / neuter events</p> <p>Working closely with upper management</p>
Length of Services Provided:	Cost of Services Provided:
<p>2.5 years</p> <p>2 years under contract</p>	<p>\$7,692.30 Bi-weekly</p> <p>Requesting a 1% increase</p>

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p style="text-align: center; font-size: 2em;">N/A</p>	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
N/A	
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1. None		
2.		
3.		
4.		

individual requests

M. Use this space to provide any additional information or description of ~~resources supporting firm's qualifications for the proposed project.~~

I am requesting a "standard of living raise". It is a common practice for animal shelters to pay for the following expenses so that their shelters operate smoothly. Veterinary licenses must require the parish principal office ^{address} where project work will be performed and can not be used in any other capacity by the individual.

1. Louisiana State license fees
2. AVMA membership fees
3. LVMA membership fees
4. D.E.A. license fees
5. Louisiana Veterinary license fee pharmacy
6. Continuing Education
7. VIN (Veterinary Inform. network) fee

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: Lawrence Lee Capone Jr. Print Name: LAWRENCE LEE CAPONE JR DVM

Title: DVM

Date: 8-03-24