

General Professional Services Questionnaire

**A. Project Name and Advertisement Resolution Number:**

Professional Veterinarian Services for the Jefferson Protection & Animal Welfare Services Parish Wide  
Resolution #: 144324

**B. Firm Name & Address:**

Brooke Kaufmann, DVM  
1060 Tallow Tree Dr.  
Mandeville LA 70448  
337-278-7844

**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:**

Brooke Kaufmann, DVM  
Veterinarian  
337-278-7844  
BkaufmannDVM@gmail.com

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

Jefferson Parish Protection & Animal Welfare Services  
2701 Lapalco Blvd.  
Harvey LA 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.

N/A

2.

N/A



## 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.  N/A	N/A	N/A
2.  N/A	N/A	N/A
3.  N/A	N/A	N/A
4.  N/A	N/A	N/A
5.  N/A	N/A	N/A



## General Professional Services Questionnaire

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

1

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:

Brooke Kaufmann  
Veterinarian

Name of Firm with which associated:

Brooke Kaufmann, DVM

Description of job responsibilities:

- maintain all medical records in compliance with Louisiana Veterinary Practice Act.
- maintain accurate counts of all controlled drugs.
- oversee care of all hospitalized patients in clinic & update care as needed.
- see appointments as scheduled for new problems & rechecks as well as perform callbacks for any pending labo.
- perform surgeries as scheduled/needed - mostly but not limited to spay/neuter.

Years' experience with this Firm:

10 years

Education: Degree(s)/Year/Specialization:

Doctorate of Veterinary Medicine 2014

Other experience and qualifications relevant to the proposed Project:

7 years working in shelter medicine w/5 of those years being at an open intake parish run shelter.

6 years in high volume spay/neuter.

6 years working in private practice veterinary clinics.



**General Professional Services Questionnaire**

<b>PROFESSIONAL NO. 2</b>
<b>Name &amp; Title:</b>
N/A
<b>Name of Firm with which associated:</b>
N/A
<b>Description of job responsibilities:</b>
N/A
<b>Years' experience with this Firm:</b>
N/A
<b>Education: Degree(s)/Year/Specialization:</b>
N/A
<b>Other experience and qualifications relevant to the proposed Project:</b>
N/A



**General Professional Services Questionnaire**

PROFESSIONAL NO. 3
<b>Name &amp; Title:</b>
N/A
<b>Name of Firm with which associated:</b>
N/A
<b>Description of job responsibilities:</b>
N/A
<b>Years' experience with this Firm:</b>
N/A
<b>Education: Degree(s)/Year/Specialization:</b>
N/A
<b>Other experience and qualifications relevant to the proposed Project:</b>
N/A



**General Professional Services Questionnaire**

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



**General Professional Services Questionnaire**

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



## 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>St. Martin Parish Animal Services Coordinator/DVM</p> <p>St. Martin Parish Government 337-394-2200 Kim Duplechain - HR</p>	<p>Coordinator - oversee all shelter operations including:</p> <ul style="list-style-type: none"> <li>- employee hiring / schedules / performance</li> <li>- orders / Budget / animal intakes / reclaims / adoptions</li> <li>- ensure all ordinances were followed.</li> </ul> <p>DVM - Oversee care of all animals in shelter.</p> <ul style="list-style-type: none"> <li>- Develop &amp; maintain protocols for animal care to minimize risk of disease &amp; cost of care.</li> <li>- Provide medical care for any sick or emergencies.</li> <li>- Spay / neuter &amp; healthcerts for any animals leaving</li> </ul>
Length of Services Provided:	Cost of Services Provided:
5 yrs	\$90,000 / year

### PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Country Place Veterinary Clinic Associate DVM St. Martinville, LA Dr. Jackie Simon 337-394-6296</p>	<ul style="list-style-type: none"> <li>- maintain all medical records as required by Louisiana practice act.</li> <li>- Oversee patient care in house</li> <li>- ensure technicians were performing patient care appropriately.</li> <li>- maintain client / patient relationships with continued care of patients daily by seeing appointments &amp; follow up calls.</li> <li>- Perform surgical procedures as needed on case by case.</li> </ul>
Length of Services Provided:	Cost of Services Provided:
4 years	\$55,000 / year



## General Professional Services Questionnaire

<b>PROJECT NO. 3</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
BigSky Cares - Veterinarian Folsom, LA Catherine Wilbert 504-415-0137	<ul style="list-style-type: none"> <li>- Oversee care of all shelter owned animals by providing medical exams + working with the technicians to ensure proper care medications</li> <li>- high volume spay neuter</li> <li>- maintaining new + existing client/patient care by seeing appointments, performing surgeries, + followup lab work as needed to ensure patient health.</li> <li>- maintaining controlled drug counts were accurate</li> </ul>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
2 1/2 years	\$70/hour

<b>PROJECT NO. 4</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
Bissell Pet Foundation Fix the Future Spay/Neuter Veterinarian Kim Albaum kim.Alb Baum@bissell.com 919-930-2878	<ul style="list-style-type: none"> <li>- provide veterinary services to participating shelters</li> <li>- perform spay/neuter of dogs + cats with an expected 30 animals per day.</li> <li>- work with shelter staff to ensure all procedures are up to standards to provide safe anesthesia + recovery.</li> </ul>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
6 months	\$1000/day



**General Professional Services Questionnaire**

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

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



**General Professional Services Questionnaire**

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

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



**General Professional Services Questionnaire**

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

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



## 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. N/A		
2. N/A		
3. N/A		
4. N/A		

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

N/A

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

Signature: Brooke Kaufmann Print Name: Brooke Kaufmann  
Title: Veterinarian Date: 7/25/24