



CITY OF CONVERSE

2025 Memorandum of Understanding Between the City of Converse, Texas and The City of Leon Valley Texas

PURPOSE:

This Memorandum of Understanding is made on _____, 2025, between the City of Converse (“COC”) and the City of Leon Valley to help to lower the pet population of Converse and surrounding cities and to improve animal welfare by utilizing the COC’s Animal Care Facility (“ACF”).

The purpose of this memorandum is to reach a financial agreement regarding surgical group pricing for the 2024-2025 fiscal year attached as Exhibit A. These prices will be honored at ACF (8755 FM-1516). All prices are subject to change without prior notice. A new and updated memorandum of understanding will be sent to all groups with the updated pricing and information annually if changes are necessary. Participating cities’ surgeries at ACF are non-negotiable, depending on availability and attendance.

All City relationships must be approved by the Facility Manager, Medical Director/DVM, Converse Finance Director, City of Converse Interim City Manager. Communication will transpire through the Spay/Neuter Coordinator at acsliverelease@conversetx.net. Pricing will start once the group has received a confirmation email from the Spay/Neuter Coordinator confirming that the rescue is established in the system. All fees are to be paid at the of time services. Further each City will be required to execute a City Financial Responsibility Agreement attached as Exhibit B.

Due to the demand for surgical appointments, it is essential that all participating cities communicate any cancellations **48 hours in advance. If a city has a no-show without prior cancellation, it will be charged a No-Show Fee of \$25.00 per appointment (per animal) this charge will be applied to the card on file and the main point of contact will receive an emailed receipt.**

This agreement is to only include participating cities that have shelters for animals and not members of the general public. Surgical drop-off and pick-up times must be strictly adhered to and are a part of maintaining an efficient practice. However, please expect a wait time due to our high-volume capacity. Again, this arrangement is a courtesy, and any etiquette, payment, or scheduling violations can result in forfeiture of all cities pricing, late fees, and denial of surgeries. Any concerns can be directed to the Spay/Neuter Coordinator at acsliverelease@conversetx.net.

This Memorandum constitutes the entire Memorandum between parties relating to this subject matter and supersedes all prior or simultaneous, discussions, negotiations, and Memorandums, whether written or oral.

THE PARTIES EXPRESSLY ACKNOWLEDGE AND AGREE THAT NO PROVISION OF THIS AGREEMENT IS IN ANY WAY INTENDED TO CONSTITUTE A WAIVER BY ANY PARTY OF ANY IMMUNITIES FROM SUIT OR LIABILITY THAT A PARTY MAY HAVE BY OPERATION OF LAW.

TERM:

The MOU will commence upon signing of both parties and have an initial term of one year from the date of execution. This MOU shall renew for an additional term upon approval by City Council for COC and the City Council for the City of Leon Valley Texas.

City of Leon Valley, Texas

By: _____

Title: City Manager

Date: _____, 2025

AGREED:

City of Converse, Texas

By: _____

Title: Interim City Manager

Date: _____, 2025



CITY OF CONVERSE

----- ANIMAL CARE FACILITY -----

EXHIBIT A

SERVICE	COST
NORMAL CANINE SPAY 2-25#	\$95
NORMAL CANINE SPAY 26-50#	\$105
NORMAL CANINE SPAY 51-100#	\$130
NORMAL CANINE SPAY 100 +	\$150
NORMAL CANINE NEUTER 2-25#	\$75
NORMAL CANINE NEUTER 26-100#	\$80
NORMAL FELINE SPAY	\$70
NORMAL FELINE NEUTER	\$55
PREGNANT/OBESE/CRYPTORCHID/ABNORMAL ANATOMY OR TISSUE EXAM	\$30-\$65
HEALTH CERTIFICATE	\$40
WOUND REPAIR	\$30
MISCELLANEOUS ITEMS-Amputations, scrotal ablations, tumor removals, other	\$90-\$160
Heartworm Test	\$90/hr
Feline Combo Test	\$25
Flea Medication, Fecal	\$35
DHPP, Bordetella, FVRCP, Rabies Vacc	\$20 Each
Microchip	\$10 Each
MISCELLANEOUS SERVICES	COST
Professional Veterinarian during normal work hours 7am-5pm Mon-Sat	\$85/hr
Professional Veterinarian during non-working hours	\$100/hr Per phone Consultation only
Attendance in legal proceedings by Professional Veterinarian	\$100/hr
Reimbursement of controlled medications and other veterinarian provided medications.	Cost+10%



CITY OF CONVERSE

----- ANIMAL CARE FACILITY -----

City Point of Contact:

City Name: City of Leon Valley

Animal Facility Address: _____

Federal Tax ID Number: _____

Representative's Name: _____

Representative's Title: _____

Phone Number _____ Email: _____

City Manager Approval:

Date: _____, 2025

Print:

Sign: _____

OFFICE USE ONLY

Application Reviewer: _____ Date: _____

Approved Declined

Medical Director/DVM: _____ Date: _____

Approved Declined

City Manager: _____ Date: -----

Reason for Denial:



CITY OF CONVERSE

----- ANIMAL CARE FACILITY -----

EXHIBIT B

City Financial Responsibility Agreement

The purpose of this agreement is to reach a product/services financial responsibility agreement between the City of Leon Valley and the City of Converse. In order for the City of Converse to ensure cities are receiving all necessary products and services requested, their items selections and prices will be honored at the City of Converse Animal Care Facility.

The City Financial Responsibility Agreement must be completed and returned with the **Government tax-exempt form /W-9 form** to the Spay/Neuter Coordinator at acsliverelase@conversetx.net before you are eligible to take advantage of ACF group rates. **Again, this agreement is to only include animals at a City's Shelter.**

Please note, participating cities' financial responsibility agreement must be submitted clearly stating your city's financial responsibility. When a representative requests to purchase a product and/or service if the Financial Responsibility Agreement form is not submitted properly, it will become null and void and goods or services will NOT be rendered.

Under certain circumstances, ACF will charge the cities additionally, without notice for circumstances including but not limited to gravid termination, unplanned ablation, cryptorchidism, pyometra, etc. If an animal comes with fleas and/or ticks that animal will be treated at the participating cities' expense. Any animals 12 weeks and older brought in that does not have proof of an up-to-date rabies vaccination and is eligible for one, by state law, will be administered a rabies vaccine at the participating cities' expense.

Please note, each animal will receive an exam before the animal receives services. We ask that the representative stays on the property of ACF until all animals have cleared examination. In the event an animal does not pass the examination the representative is to take the animal back and off the premises of ACF.

In the table below, please indicate any extra services your city is willing to pay for upon request of the city representative.

Facility's Name: City of Leon Valley

City Representative: _____

Date: _____ Print: _____ Sign: _____



CITY OF CONVERSE

----- ANIMAL CARE FACILITY -----

Dog		Cat	
Microchip	Heartworm Test	Microchip	Combo Test
Rabies	Dhpp	Rabies	FVRCP
Bordetella	Fecal	Fecal	Health Certificate
Health Certificate			

OFFICE USE ONLY

Application Reviewer: _____ Date: _____.

Approved Declined

Medical Director/DVM: _____ Date: _____.

Approved Declined

City Manager: _____ Date: _____.