

SECOND AMENDMENT TO AGREEMENT
DR. TAYLOR BLISS

This Second Amendment to Agreement (this "Amendment") is hereby made and entered into effective as of the 1st day of July, 2024 (the "Effective Date"), by and between the Milwaukee County Zoo (the "County") and Dr. Taylor Bliss ("Contractor"). Referenced together, the County and Contractor shall be referred to as the "Parties" to this Amendment.

WITNESSETH:

WHEREAS, the County and Contractor are Parties to that certain Relief Veterinary Services Agreement effective as of October 24, 2023 and extended by that First Amendment to Agreement dated January 1, 2024 (as amended, the "Underlying Agreement") pursuant to which the Contractor performs professional consulting services;

WHEREAS, the Underlying Agreement terminates as of the Effective Date; and

WHEREAS, the Parties desire to extend the Underlying Agreement in accordance with its terms.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

AGREEMENT:

1. **EXTENSION.** The Parties hereby extend the term of the Underlying Agreement until December 31, 2024. The period from the Effective Date through December 31, 2024 shall be referred to herein as the "Extension Term."
2. **MILEAGE AND LODGING EXPENSES.** The County will reimburse Contractor for mileage to and from the County as well as one night's lodging when driving to and from the County during the Extension Term as permitted under Exhibit A of the Underlying Agreement. Travel and lodging expenses combined during the Extension Term shall not exceed Two Thousand Three Hundred Dollars (\$2300) unless otherwise agreed by the Parties in an amendment to this Agreement.
3. **OTHER TERMS AND CONDITIONS.** Except as specifically modified or amended herein, all other terms and conditions of the Underlying Agreement, as amended by the Amendment, shall remain in full force and effect.
4. **CONFLICT.** In the event of a conflict between the terms and conditions of the Underlying Agreement and the terms and conditions of this Amendment, the terms and conditions of this Amendment shall control.

FIRST AMENDMENT TO AGREEMENT
DR. TAYLOR BLISS

This First Amendment to Agreement (this "Amendment") is hereby made and entered into effective as of the 1st day of January, 2024 (the "Effective Date"), by and between the Milwaukee County Zoo (the "County") and Dr. Taylor Bliss ("Contractor"). Referenced together, the County and Contractor shall be referred to as the "Parties" to this Amendment.

WITNESSETH:

WHEREAS, the County and Contractor are Parties to that certain Relief Veterinary Services Agreement effective as of October 24, 2023 (the "Underlying Agreement") pursuant to which the Contractor performs professional consulting services;

WHEREAS, the Underlying Agreement terminates as of the Effective Date; and

WHEREAS, the Parties desire to extend the Underlying Agreement in accordance with its terms.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

AGREEMENT:


1. **EXTENSION**. The Parties hereby extend the term of the Underlying Agreement until June 30, 2024.
2. **OTHER TERMS AND CONDITIONS**. Except as specifically modified or amended herein, all other terms and conditions of the Underlying Agreement, as amended by the Amendment, shall remain in full force and effect.
3. **CONFLICT**. In the event of a conflict between the terms and conditions of the Underlying Agreement and the terms and conditions of this Amendment, the terms and conditions of this Amendment shall control.

The following Parties hereby execute this Agreement:

FOR MILWAUKEE COUNTY:

FOR Taylor Bliss

BY: Amos D Morris, Jr. DATE: 11/30/2023

BY:  DATE: 12/14/2023

NAME: Amos D Morris, Jr.

NAME: Taylor Bliss

TITLE: Zoo Director

TITLE: Dr.

DEPARTMENT: ZOO

TAXPAYER ID No.: 589254721

REVIEWED AS TO INSURANCE REQUIREMENTS:

APPROVED WITH REGARDS TO COUNTY ORDINANCE CHAPTER 42:

BY: Adam J. Nelson DATE: 12/7/2023


BY: Lamont Robinson DATE: 12/1/2023

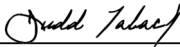
Risk Manager
Office of Risk Management

Director
Community Business Development Partners

APPROVED AS TO FUNDS AVAILABLE PER WISCONSIN STATUTES §59.255(2)(e):

APPROVED REGARDING FORM AND INDEPENDENT CONTRACTOR STATUS:

BY:  DATE: 12/8/2023

BY:  DATE: 12/4/2023

Milwaukee County Comptroller
Office of the Comptroller

Corporation Counsel
Office of Corporation Counsel

REVIEWED AND APPROVED BY THE COUNTY EXECUTIVE:

APPROVED AS COMPLIANT UNDER §59.42(2)(b)5, STATS.:

BY:  DATE: 12/8/2023

BY: Scott F. Brown DATE: 12/8/2023

David Crowley, County Executive
Office of the County Executive

Corporation Counsel
Office of Corporation Counsel



Relief Veterinary Services Agreement
Milwaukee County Zoo
DR. TAYLOR BLISS

RELIEF VETERINARY SERVICES AGREEMENT
with
Dr. Taylor Bliss

This **RELIEF VETERINARY SERVICES AGREEMENT** (the “**Agreement**”) is dated of the date last signed below (the “**Effective Date**”) and is between **Milwaukee County**, a Wisconsin municipal body corporate represented by its Zoo (the “**County**” or “**Zoo**”) and **Dr. Taylor Bliss**, an individual with a primary place of business at 30A Nature Pointe, Tijeras, NM 87059 (the “**Contractor**”) combined to be considered the Parties to this Agreement (“**Parties**”).

ACCORDINGLY, intending to be legally bound, the Parties agree as follows:

1. Independent Contractor Status and Relationship with Zoo.

- 1.1 Contractor is a Wisconsin licensed veterinarian in good standing with the DATCP Veterinary Examining Board. Contractor is engaged in the practice of veterinary medicine as a relief veterinarian.
- 1.2 Contractor works solely as an independent contractor and nothing in this Agreement shall be construed as creating the relationship of employer and employee between County and Contractor. Contractor is not an employee for state or federal tax purposes.
- 1.3 Contractor has the right to provide veterinary services elsewhere without restriction.
- 1.4 Contractor shall practice veterinary medicine compliant with the laws and professional standards set forth by the DATCP Veterinary Examining Board and shall conduct herself in accordance with the values and ethics of the veterinary profession.
- 1.5 Contractor shall hold current Wisconsin license to practice veterinary medicine.
- 1.6 Contractor will deem all of the County’s information regarding business, financial, technical and proprietary information and information regarding animals as confidential information. Forms, handouts and other documents may not be removed or copied without permission from the County.
- 1.7 County will not provide to Contractor any benefits usually reserved for its employees, including workers compensation, medical insurance, disability insurance, and pension plans.
- 1.8 Nothing contained in this Agreement shall constitute or be construed to create a partnership or joint venture between County or its successors or assigns and Contractor or its successors or assigns. In entering into this Agreement, and in acting in compliance herewith, Contractor is at all times acting and performing as an independent contractor, duly authorized to perform the acts required of it hereunder. Nothing contained in this Agreement shall give Contractor any authority to supervise, manage, and/or direct County employees.

2. Contractor Responsibilities and Requirements.

- 2.1 Contractor will perform clinical medical and necropsy duties necessary in the examination, diagnosis, treatment, and care of animals at the Zoo. Contractor retains the right to diagnose, treat and prescribe in accordance with her own professional judgment. The manner, method and means of performing the duties contracted for shall remain within the sole discretion of Contractor.



Relief Veterinary Services Agreement

Milwaukee County Zoo

DR. TAYLOR BLISS

- 2.2 Contractor may perform the duties contracted for using the supplies and tools normally provided for on the Zoo's premises. Contractor may use her own supplies and tools when deemed necessary by Contractor to perform the work covered in this Agreement.
- 2.3 Contractor will provide her own professional liability insurance and license defense insurance. Contractor acknowledges that she is not covered by unemployment insurance.
- 2.4 Except as otherwise specifically provided in this Agreement, Contractor is responsible for her own business expenses, including meals, personal supplies, tools, and accounting.
- 2.5 Contractor is responsible for payment of all federal and state income taxes on her earnings. Contractor will provide a W-9 form for the Zoo.
- 2.6 Contractor shall dress neatly and in accordance with her professional status and the established dress code for veterinarians at the Zoo. The Zoo will provide Contractor with a shirt identifying Contractor as Zoo personnel, and Contractor will wear that shirt while on duty at the Zoo.
- 2.7 Prior to commencement of veterinary service at the Zoo, Contractor will provide evidence to the Zoo of negative TB test within the past year.
- 2.8 Contractor shall faithfully adhere to the ethical principles of the veterinary profession and shall avoid all personal acts that might injure the professional and/or personal reputation of the Zoo or County. Contractor shall practice medicine to the highest level of her skill at the Zoo.

3. Term and Termination.

3.1. Term.

This Agreement shall commence on the Effective Date and shall continue in full force and effect until December 31, 2023, unless terminated in accordance with this Section (such period, the "**Term**"). The Parties may mutually agree in writing to extend the Term.

3.2. Termination by County.

The County may terminate this Agreement under the following circumstances:

- 3.2.1 The County may terminate this Agreement immediately upon its discovery of the Contractor's intoxication or impairment by virtue of drug usage or malpractice.
- 3.2.2 The County may terminate this Agreement upon the suspension, revocation, or cancellation of the Contractor's right to practice veterinary medicine in Wisconsin, or the suspension, lapse, or cancellation of the Contractor's professional liability insurance.
- 3.2.3 The County may terminate this Agreement upon the imposition of any restrictions or limitations by any governmental authority having jurisdiction over the Contractor to such an extent that he/she cannot engage in the professional practice for which he/she was employed.
- 3.2.4 The County may terminate this Agreement if the Contractor fails or refuses to comply with the reasonable policies, standards, and regulations of the County, which from time to time may be established.
- 3.2.5 The County may terminate this Agreement if the Contractor is found guilty of professional misconduct by any professional organization having jurisdiction.
- 3.2.6 The County may terminate this Agreement if the Contractor is rendered unable to perform her assigned duties under this Agreement. A period of illness or

**Relief Veterinary Services Agreement***Milwaukee County Zoo*

DR. TAYLOR BLISS

incapacity consisting of five (5) consecutive work days shall constitute evidence of such inability for the County's purposes.

3.3. Mutual Right of Termination.

Either Party shall have the right to terminate this Agreement for any reason by giving sixty (60) days' prior written notice of termination of Agreement to the other Party.

3.4. Rights and Obligations Upon Termination.

County shall retain any and all fully vested rights that exist on the effective date of termination. In the event that County terminates this Agreement, County's liability and Contractor's exclusive remedy will be limited to County paying Contractor in accordance with the terms of this Agreement, provided, however, that such payment will not exceed the unpaid amounts due. There will be no consideration for unused vacation time upon termination.

4. Compensation & Payment.**4.1. Compensation.**

County shall compensate Contractor for work performed on a daily basis at a rate of Six Hundred Seventy-Five Dollars (\$675.00) per day. Contractor's typical working hours are 8 a.m. to 4:30 p.m. Central Time Sunday through Thursday, including one lunch break of up to thirty minutes, but Contractor and County may mutually agree to extend or vary Contractor's schedule. Contractor will provide emergency and after-hours support in addition to her regular schedule, and Contractor's daily rate will include such support. The Parties shall mutually agree upon the Contractor's end date for work.

4.2. Mileage and Lodging Expenses.

The County will reimburse Contractor for mileage to and from the County as well as one night's lodging when driving to and from the County as permitted under Exhibit A. The County does not pre-pay travel expenses; provided, however, that County shall have no obligation to reimburse Contractor for "return" mileage or lodging expenses if County terminates the Agreement as provided in any of Sections 3.2.1 through 3.2.5 above or if Contractor travels to another job site at the termination of the Agreement. Travel and lodging expenses combined shall not exceed Two Thousand Three Hundred Dollars (\$2300) unless otherwise agreed by the Parties in an amendment to this Agreement.

4.3. Vacation Time.

The Contractor shall have unpaid vacation time throughout the Term as mutually agreed upon between the Parties. The Contractor shall provide at least two weeks' advance notice of the scheduling of such vacation time to her supervisor at the Zoo.

4.4. Licensure Expense.

The County will reimburse Contractor for costs of procurement and maintenance of a Wisconsin veterinary license. The total licensure costs shall not exceed One Thousand Dollars (\$1000) unless otherwise agreed by the Parties in an amendment to this Agreement.

4.5. Payment Terms



Relief Veterinary Services Agreement

Milwaukee County Zoo

DR. TAYLOR BLISS

The County does not pre-pay for services. The County reserves the right to use a purchasing card to pay invoices. As a matter of practice, the County attempts to pay all invoices within 30 days of receipt of an accurate invoice from Contractor and County's acceptance of the corresponding services that comply with the terms of this Agreement.

4.6. Cost of Performance of Obligations.

4.6.1. General

Contractor shall assume responsibility for all charges, costs, and fees incurred as a result of performing its obligations and rendering its services under this Agreement, unless otherwise indicated. The Contractor shall indemnify and hold the County harmless from any claims for payment of such charges, costs, and fees by any third party.

4.6.2. Taxes

Milwaukee County is exempt from Federal Excise Taxes and Wisconsin State Sales Taxes. Contractor shall submit its invoices without taxes.

4.6.3. Permits & Licenses, Governmental Fees

Contractor shall assume responsibility for all federal, state, and local permits, licenses, and fees, together with all governmental filing related to such permits, licenses, and fees, which arise out of Contractor's performance of services under this Agreement, or which arise as a result of any compensation paid to Contractor under this Agreement.

4.7. State Prompt Pay Law Exemption.

State Prompt Pay Law, Wis. Stats. §16.528 does not apply to this Agreement.

5. Invoicing the County.

The Contractor shall invoice Milwaukee County as stated in this Section. Invoices shall include the following minimum information:

- a) The INFOR Contract # OR Purchase Order #.
- b) The Effective Date.
- c) Contractor's business name.
- d) Payee Name.
- e) Contractor's address.
- f) An invoice number.
- g) An invoice date.
- h) Contractor's email and phone # for billing issues.
- i) An invoice line for each item or service.
- j) Sufficient detail to support each invoice line (for example, units billed and unit rate, or hours billed and hourly rate).
- k) The date due.
- l) The amount billed.

If requesting payment by check, the Contractor shall also include its remittance address.



Relief Veterinary Services Agreement

Milwaukee County Zoo

DR. TAYLOR BLISS

If requesting payment by Automated Clearing House (ACH), the Contractor shall also include:

- m) Bank Name.
- n) Bank Location (city and state).
- o) Bank's American Bankers Association routing number.
- p) Payee's Bank Account #.
- q) Type of Account (i.e. Checking or Savings).
- r) Email address of Contractor's Accounts Receivable/Finance Department who should receive the remittance information (the receipt that the funds reached Contractor's bank account).

The Contractor must submit invoices to the following recipient in order for Contractor's invoices to be considered received by the County:

Department Name:	Milwaukee County Zoo
County Contact Title:	Christy Rettenmund, Senior Staff Veterinarian
Department Address:	10001 W Bluemound Rd, Milwaukee, WI 53226
Department Email:	christy.rettendum@milwaukeecountywi.gov

6. Confidentiality

Contractor agrees that all work product and oral reporting shall be provided only to or as directed by the individual who is signing this Agreement on behalf of the County department, below, and not any other person or entity, including any other County employee or official. Contractor further agrees that, except as otherwise provided herein and as determined in cooperation with the County, Contractor shall maintain all materials and communications developed under or relating to this Agreement as confidential and shall disclose them only to or as directed by the individual who is signing this Agreement on behalf of the County department, below. Contractor understands that breach of confidentiality, especially regarding information that is not subject to public records law disclosure, may harm or create liability for the County and may require Contractor to indemnify County as provided in this Agreement.

7. County Rights of Access and Audit.

The Contractor, Lessee, or other party to the Agreement, its officers, directors, agents, partners and employees shall allow the County Audit Services Division and department contract administrators (collectively referred to as "**Designated Personnel**") and any other party the Designated Personnel may name, with or without notice, to audit, examine and make copies of any and all records of the Contractor, Lessee, or other party to the Agreement, related to the terms and performance of the Agreement for a period of up to three years following the date of last payment, the end date of this Agreement, or activity under this Agreement, whichever is later. Any subcontractors or other parties performing work on this Agreement will be bound by the same terms and responsibilities as the Contractor. All subcontracts or other agreements for work performed on this Agreement will

**Relief Veterinary Services Agreement***Milwaukee County Zoo*

DR. TAYLOR BLISS

include written notice that the subcontractors or other parties understand and will comply with the terms and responsibilities. The Contractor, Lessee, or other party to the Agreement, and any subcontractors understand and will abide by the requirements of Section 34.09 (Audit) and Section 34.095 (Investigations Concerning Fraud, Waste, and Abuse) of the Milwaukee County Code of Ordinances (“**MCCO**”).

8. Non-Discriminatory Contracts.**8.1. Compliance with MCCO §56.17(1a).**

In the performance of work or execution of this contract, the contractor shall not discriminate against any employee or applicant for employment because of race, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, which shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeships. The contractor will post in conspicuous places, available for employment, notices to be provided by the county setting forth the provisions of the nondiscriminatory clause. A violation of this provision shall be sufficient cause for the county to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

8.2. Compliance MCCO §56.17(1d)

The Contractor agrees that it will strive to implement the principles of equal employment opportunities through an effective affirmative action program, and will so certify prior to the award of the contract, which program shall have as its objective to increase the utilization of women, minorities and handicapped persons, and other protected groups, at all levels of employment in all divisions of the contractor's workforce, where these groups may have been previously under-utilized and under-represented. The contractor also agrees that in the event of any dispute as to compliance with the aforesaid requirements, it shall be his/her responsibility to show that he/she has met all such requirements.

8.3. Violations

When a violation of the non-discrimination, equal opportunity or Affirmative Action provisions of this Section has been determined by County, Contractor shall immediately be informed of the violation and directed to take all action necessary to halt the violation, as well as such action as may be necessary to correct, if possible, any injustice to any person adversely affected by the violation, and immediately take steps to prevent further violations.

If, after notice of a violation to Contractor, further violations of the Section are committed during the term of the Agreement, County may terminate the Agreement without liability for the uncompleted portion or any materials or services purchased or paid for by the Contractor for use in completing the Agreement, or it may permit Contractor to complete the Agreement, but, in either event, Contractor shall be ineligible to bid on any future contracts let by County.



Relief Veterinary Services Agreement

Milwaukee County Zoo

DR. TAYLOR BLISS

9. Indemnity.

The Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless Milwaukee County and its agents, officers, and employees from and against all loss or expenses including costs and reasonable attorneys' fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor and/or its agent(s) which may arise out of or is connected with the activities covered by this Agreement. The County's liability is limited by Wis. Stats. Section 893.80 for general liability and Wis. Stats. Section 345.05(3) for automobile liability.

The foregoing obligations are conditioned upon:

- 9.1.** The County's prompt written notice to the Contractor of any claim, action or demand for which indemnity is claimed. The County's failure to give such notice shall not relieve the Contractor of its obligations under this Agreement, except to the extent that the Contractor is materially prejudiced by the County's failure to provide notice.
- 9.2.** Contractor's complete control of the defense and settlement of any claim. Contractor may not settle an indemnified claim without the written consent of the County.
- 9.3.** The County's reasonable cooperation in the defense as the Contractor may request. The Contractor shall have the right to participate in the defense against the indemnified claims with counsel of its choice at its own expense.

10. Insurance.

The Contractor shall, at its sole expense, acquire and maintain through the course of this Agreement with Milwaukee County insurance policies with minimum limits listed in the Standard Insurance Requirements Form, attached as Exhibit B.

The Contractor may obtain the listed coverages through any combination of primary and excess or umbrella liability insurance. The Contractor must acquire its insurance from carriers with a current A. M. Best rating of A X or better. The Contractor shall demonstrate compliance with the minimum limits in Exhibit B through a Certificate of Insurance or proof of self-insured retention. The Contractor shall send an annual copy of its Certificate of Insurance or proof of self-insured retention throughout the Term of this Agreement. Copies must be emailed to:

DAS- Risk
Risk Management Division
RM@milwaukeecountywi.gov

Milwaukee County Zoo
Christopher Fifarek
christopher.fifarek@milwaukeecountywi.gov

The Contractor shall ensure that any agents, affiliates, subsidiary companies, third party suppliers, or subcontractors maintain appropriate insurance coverages for any services provided at the request of the Contractor on a Milwaukee County contract. These minimum requirements do not limit the liability assumed elsewhere in an executed contract.

**Relief Veterinary Services Agreement**

Milwaukee County Zoo

DR. TAYLOR BLISS

The Contractor shall not make changes to the types of coverage, limits and/or other terms without the approval of the County's Risk Manager.

11. Prohibited Practices.**11.1. Conflict of Interest.**

During the period of this Agreement, the Contractor shall not hire, retain or utilize for compensation any member, officer, or employee of County or any person who, to the knowledge of the Contractor, has a conflict of interest.

11.2. Code of Ethics.

Contractor hereby attests that it is familiar with Milwaukee County's Code of Ethics which states, in part,

"No person shall offer or give to any public official or employee, directly or indirectly, and no public official or employee shall solicit or accept from any person, directly or indirectly, anything of value if it could reasonably be expected to influence the public official's or employee's vote, official actions or judgment, or could reasonably be considered as a reward for any official action or inaction or omission by of the public official or employee."

Additionally, the Contractor shall ensure all subcontractors and employees are familiarized with the statement above.

11.3. Non-Conviction for Bribery.

The Contractor hereby declares and affirms that, to the best of its knowledge, none of its officers, directors, partners, or employees directly involved in obtaining contracts have been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the federal government.

11.4. Debarment or Suspension.

The Contractor hereby declares and affirms that, to the best of its knowledge and belief, that its principles, owners, officers, shareholders, key employees, directors, and/or member partners:

11.4.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

11.4.2. Have not, within a three-year period preceding the date of execution of this Agreement, been convicted of, or had a civil judgment rendered against them for, commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public or governmental transaction or contract under a public or governmental transaction, violation of Federal or State antitrust statutes, or commission of embezzlement, theft, forgery, falsification or destruction of records, making false statements, or receiving stolen property;



Relief Veterinary Services Agreement

Milwaukee County Zoo

DR. TAYLOR BLISS

11.4.3. Are not presently indicted for or otherwise criminally charged by a governmental entity with commission of any of the offenses stated in Section 15.4.2, above; and

11.4.4. Have not, within a three-year period preceding the date of execution of this Agreement, had one or more public or governmental transactions terminated for cause or for default.

12. Compliance with County’s Policies.

12.1. Safety and Security Policies.

Contractor agrees to use all commercially reasonable efforts to cause any of its employees who provide services under this Agreement on County’s premises to comply with County’s safety and security policies that County communicates to the extent that such policies are applicable to the site where Contractor’s employees are providing services. Notwithstanding the above, such standard safety and security policies shall not include policies related to drug testing.

12.2. Drug Use Policies.

Unless conflicting to any laws where the services are being provided, in which case this Section is not enforceable, Contractor will advise any Contractor employee who provides services under this Agreement on County’s premises of County’s right to require an initial drug screen prior to the commencement of the assignment and, further, to require a drug screen at any time during the assignment either:

12.2.1. If County believes, in good faith, that the Contractor’s employee is under the influence of an illegal substance, or

12.2.2. As a consequence of an accident caused by or involving the Contractor’s employee on County’s premises during the performance of this Agreement and likely to have been related to Contractor’s employee’s use of an illegal substance.

Drug screening, unless provided by the County, shall be performed by Contractor at Contractor’s expense, and Contractor will address any positive results and handle accordingly. Contractor’s employee will not be permitted to perform the services if a positive result of the drug screen is determined.

13. Notices.

All notices with respect to this Agreement shall be in writing. Except as otherwise expressly provided in this Agreement, a notice shall be deemed duly given and received upon delivery, if delivered by hand or via e-mail, or three days after posting via US Mail, to the party addressed as follows:

To Contractor:

Dr. Taylor Bliss
30A Nature Pointe

To County:

Milwaukee County Zoo
ATTN: Deputy Zoo Director



Relief Veterinary Services Agreement

Milwaukee County Zoo

DR. TAYLOR BLISS

Tijeras, NM 87059

taylor.n.bliss@gmail.com

10001 W Bluemound Rd, Milwaukee, WI
53226

vera.westphal@milwaukeecountywi.gov

With a Copy to:

Milwaukee County Corporation Counsel
901 N. 9th Street, Room 303

Milwaukee, WI 53233

Margaret.Daun@milwaukeecountywi.gov

Either party may designate a new address for purposes of this Agreement by written notice to the other party.

14. Public Records.

Both parties understand that the County is bound by public records law, and as such, all of the terms of this agreement are subject to and conditioned on the provisions of Wis. Stat. § 19.21, *et seq.* Contractor hereby agrees that it shall be obligated to assist the County in retaining and timely producing records that are subject to the Wisconsin Public Records Law upon any statutory request having been made, and that any failure to do so shall constitute a material breach of this agreement, whereupon the Contractor shall then and in such event be obligated to indemnify, defend and hold the County harmless from liability under the Wisconsin Public Records Law occasioned by such breach. Except as otherwise authorized by the County in writing, records that are subject to the Wisconsin Public Records Law shall be maintained for a period of three years after receipt of final payment under this agreement.

15. Electronic Documents Considered Writing.

Any document properly transmitted by computer access will be considered a “writing” delivered in connection with this Agreement. Electronic documents will be considered signed by a Party if they contain an agreed-upon electronic identification symbol or code as required by law. Electronic documents will be deemed received by a Party when accessible by the recipient on the computer system.

16. Compliance with Laws.

The Contractor agrees to comply with all applicable federal, state, and local statutes, laws, rules, regulations, ordinances, and all policies, procedures, standards, and regulations of any accreditation agencies or bodies. The Contractor agrees to hold the County harmless from any loss, damage, or liability resulting from a violation on the part of the Contractor of any such laws, rules, regulations, policies, procedures, standards, or ordinances.

17. Choice of Law.

This Agreement shall be governed, interpreted, construed, and enforced in accordance with the internal laws of the State of Wisconsin, without regard to its conflict of laws principles. Any litigation over the enforceability of the provisions herein or to enforce any rights hereunder shall be in state court with venue in Milwaukee County.

18. Assignment Limitation, Subcontracts.



Relief Veterinary Services Agreement

Milwaukee County Zoo

DR. TAYLOR BLISS

This Agreement shall be binding upon and inure to the benefit of the parties and their successors and assigns; provided, however, that neither party shall assign its obligations hereunder without the prior written consent of the other. Assignment of any portion of the work by subcontract must have the prior written approval of County.

19. Severability.

If any part of this Agreement is declared invalid or unenforceable by a court of competent jurisdiction, it shall not affect the validity or enforceability of the remainder of this Agreement, unless the Agreement so construed fails to meet the essential business purposes of the Parties as manifested herein.

20. Modification and Waiver.

This Agreement may not be modified and none of its terms may be waived, except in writing and signed by authorized representatives of both Parties. To the extent that any term in any document, other than a writing signed by both Parties that expressly purports to amend this Agreement, is contrary to, or conflicts with this Agreement, the terms of this Agreement shall control. A waiver by a Party of any default shall not be deemed a waiver of a prior or subsequent default of the same or other provisions of this Agreement. The failure of a Party to enforce, or the delay by a Party in enforcing, any of its rights shall not be deemed a continuing waiver or a modification of this Agreement.

21. Entire Agreement.

This Agreement and all properly executed Statements of Work constitute the entire agreement between the Parties relating to the subject matter hereof, and supersede any and all prior agreements and negotiations, whether oral, written, or implied. No change, addition, or amendment shall be made except by written agreement signed by a duly authorized representative of each Party.

The following Parties hereby execute this Agreement:

FOR MILWAUKEE COUNTY:

FOR Taylor Bliss

BY: Amos D Morris, Jr. DATE: 10/17/2023

BY: [Signature] DATE: 10/26/2023

NAME: Amos D Morris, Jr.

NAME: Taylor Bliss

TITLE: Zoo Director

TITLE: Dr.

DEPARTMENT: ZOO

TAXPAYER ID No.: 589254721

REVIEWED AS TO INSURANCE REQUIREMENTS:

APPROVED WITH REGARDS TO COUNTY ORDINANCE CHAPTER 42:

BY: Adam J. Nelson DATE: 10/19/2023

BY: Lamont Robinson DATE: 10/23/2023

Risk Manager
Office of Risk Management

Director
Community Business Development Partners

APPROVED AS TO FUNDS AVAILABLE PER WISCONSIN STATUTES §59.255(2)(e):

APPROVED REGARDING FORM AND INDEPENDENT CONTRACTOR STATUS:

BY: [Signature] DATE: 10/23/2023

BY: [Signature] DATE: 10/18/2023

Milwaukee County Comptroller
Office of the Comptroller

Corporation Counsel
Office of Corporation Counsel

REVIEWED AND APPROVED BY THE COUNTY EXECUTIVE:

APPROVED AS COMPLIANT UNDER §59.42(2)(b)5, STATS.:

BY: [Signature] DATE: 10/24/2023

BY: [Signature] DATE: 10/24/2023

David Crowley, County Executive
Office of the County Executive

Corporation Counsel
Office of Corporation Counsel

CONTRACT FORM 1684 R6 See procedures in: Notes below (hover over red triangles) and Forms Library/Contracts													
Check one: <input checked="" type="checkbox"/> Preliminary Form <i>Print this completed form as a pdf. Upload the pdf to DocuSign when circulating any contract or amendment for signatures.</i>													
<input type="checkbox"/> Corrected Form Date of correction: <input type="text"/> Upload corrections to DocuSign.													
CONTRACT TYPE (select from one dropdown box below)						Next step (depending on the Type you selected):							
PROFESSIONAL SERVICES						Enter as an Encumbered Service Contract in Infor. Circulate the Contract in DocuSign with this 1684 form. Enter as a Requisition in Infor. Circulate the Contract in DocuSign with this 1684 form. Tracking system may interface with Infor. Circulate the Contract in DocuSign with this form. No commitment is needed in Infor. Circulate the Contract in DocuSign with this 1684 form. No commitment is needed in Infor. Circulate the Contract in DocuSign with this 1684 form.							
CONTRACT SUBTYPE (select from dropdown box below)						INFOR CONTRACT NO. <i>if applicable</i>							
MEDICAL						2589							
CONTRACT CLASSIFICATION & AGENCY NAME (select from dropdown box below)						ADVANTAGE CONTRACT NO. <i>if applicable</i>							
950 ZOOLOGICAL DEPARTMENT													
CONTRACT SUBCLASSIFICATION (LOW ORG.) (select from dropdown box below)						DEPARTMENT'S INTERNAL CONTRACT NO. <i>if applicable</i>							
9512													
SUPPLIER or other party to the contract						SUPPLIER'S or other party's ADDRESS							
Taylor Nicole Bliss						30A Nature Pointe							
SUPPLIER TAX I.D.		SUPPLIER #		COMMODITY CODE (or list by Line below)		NEW or		AMEND		Tijeras, NM 87059			
		5925		70-12-20-09		x							
EFFECTIVE DATES:				LENGTH OF CONTRACT				AMENDMENT ONLY: DOLLAR		TOTAL CONTRACT AMOUNT			
effective date		expiration date		(IN MONTHS)				CHANGE					
upon signing approx 10/31/2023		12/31/2023		approx 2, with option to extend						\$ 24,225.00			
ACCOUNTING INFORMATION													
Year to be Encumbered or Eamed	Line No.	Commodity Code	Agency	Org.	Account	Activity	Function	Reporting Category	Project / Job / Grant	Fund	Item Description	Item Description 2	Amount to be Encumbered or Eamed
2023	01		950	9512	60115					10001	professional services (med)	\$675 daily rate (NTE)	\$ 20,925.00
2023	2		950	9512	60807					10001	mileage & lodging expenses	NTE	\$ 2,300.00
2023	3		950	9512	60022					10001	WI licensure reimbursement	NTE	\$ 1,000.00
NAME OF CONTRACT													
12/1/2023-12/31/23 PSA for Relief Veterinarian Services - Zoological Department - Dr. Taylor Bliss													
DESCRIPTION (PURPOSE OF CONTRACT)													
2023 Professional Services Contract for veterinarian services. Contractor shall provide relief veterinarian services for the Animal Health Center and will be compensated for work performed on a daily basis at a rate of \$675 per day, plus WI licensure expense, plus mileage and lodging expenses. DocuSign Envelope: 31fb42ba-9147-4151-b91f-7ee0548385a4													
<input checked="" type="checkbox"/> If NO, why is Board approval not required? <u>Contract for services with a value less than \$100,000 only using funds from an adopted budget year</u>													
Does this contract require payment before services are rendered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>The County does not prepay for services. Draft the contract to require the Contractor to invoice the County once services are provided.</i>													
Will this contract be fully signed before work is performed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
Is Supplier certified as: DBE? <input type="checkbox"/> YES MBE? <input type="checkbox"/> YES WBE? <input type="checkbox"/> YES SBE? <input type="checkbox"/> YES													
Shannon Zoccoli			10/17/23			Administrative Services Coordinator							
Prepared By			Date			Title							
vera westphal			10/17/2023			Deputy Zoo Director							
Signature of person with signature card authority: Date													
Title													
<i>Print this page as a pdf. Upload that pdf to DocuSign. Use DocuSign to obtain the Signature of the person with signature card authority.</i>													

EXHIBIT A**MILWAUKEE COUNTY TRAVEL REIMBURSEMENT RATES FOR VENDORS**

(1) **General Terms.** Milwaukee County (“County”) may reimburse a Vendor for actual, reasonable and necessary Travel Expenses, including mileage, lodging, meal, and incidental expenses incurred during the Performance of Services for the County if specifically authorized by a contractual agreement up to Maximum Limits. Travel Expenses must have prior written approval of the County and will be reimbursed at the rates set forth herein.

(2) **Definitions.** All words shall have their ordinary meaning, except for those defined in this section, which shall have the meanings set forth below:

(a) **“Travel Expenses”** shall consist of costs for lodging, meals, or other incidental expenses, or for transportation costs incurred by a Vendor during the Performance of Services for the County. If Vendor visits one or more clients on the same trip, the expenses for such trip shall be apportioned in relation to the time spent with each client.

(b) **“Performance of Services for the County”** means providing services to the County as defined in an Agreement, Statement of Work, Amendment, Change Order, or any other written contract between the Vendor and County.

(c) **“Incidental Expenses”** are related to the Vendor’s travel; and, shall include:

- (i) Parking fees;
- (ii) Highway toll fees;
- (iii) Car rental fees; and
- (iv) Baggage handling service, when necessary.

(3) Maximum Limit **Reimbursement Rates.**

(a) Maximum Limits - **Travel Mileage Reimbursement.**

Modes of Transportation	Effective/Applicability Date	Rate per mile
Airplane*	January 1, 2023	\$1.74
Automobile	January 1, 2023	\$0.655
Motorcycle	January 1, 2023	\$0.635

* Airplane nautical miles (NMs) should be converted into statute miles (SMs) or regular miles when submitting a voucher using the formula (1 NM equals 1.15077945 SMs). You can also use the link to BoatSafe.com (a non-government website) to assist you in converting NMs to SMs or SMs to NMs. For calculating the mileage difference between airports, please visit the U.S. Department of Transportation's Inter-Airport Distance web site.

(b) **Daily Maximum Limit - Meal and Incidental Reimbursement.** Milwaukee County will reimburse for meals, tips, and incidental expenses up to the Daily Maximum Limits. The County will not reimburse the Vendor for alcoholic beverages. If receipts include alcoholic beverages, such charges will be deducted from the total reimbursement submitted.

\$64.00 (Daily) - Daily Maximum Milwaukee County Locations. First and Last day of travel is a maximum of \$48.00 Daily.

(c) **Daily Maximum Limit - Lodging Reimbursement.** The County has established maximum reimbursement rates for hotels by location. The County uses the General Services Administration (“GSA”), hotel reimbursement rates, which are published on an annual basis. The County has adopted the CONUS (Continental United States Rates published by the GSA) for identifying the Meals and Incidental Expense (M&IE) rates by city.

County	Hotel Rate Per Night**
Milwaukee County	\$128.00 per night for all months of the year, except July and August when the rate is \$149.00 per night.

** The limit is for room rate only and does not include taxes.

(4) **Receipts and Exclusions.** Any and all expenses submitted to the County by the Vendor must be documented by a copy or original receipt or paid invoice. County will not be responsible for any fees or costs of ordinary community, premium, or first-class travel; cancellations; commitment or signing fees; or overhead or other administrative charges. Meal expenses submitted to the County will be reimbursed up to the daily allowance. The County will not reimburse the Vendor for alcoholic beverages. If receipts include alcoholic beverages, such charges will be deducted from the total reimbursement submitted.

(5) **Submission of Expenses.** Vendor must submit travel reimbursement expenses to the County. Expense reports should include:

- a) Name of vendor;
- b) Name of individual(s) who traveled;
- c) Contract under which the travel was authorized;
- d) Name of County contact who authorized travel;
- e) Reason for travel (for example, “site assessment” or “on-site training”).

Expenses must be submitted within thirty (30) days of the date the expenses were incurred. Expenses submitted more than thirty (30) days from the date the expense was incurred shall be deemed untimely and void by the County. All travel reimbursement expenses, along with supporting documents, shall be sent in the form of an invoice, listing the contract or statement of work to be billed, by email and postal mail to:

Milwaukee County DAS
Attn: Accounts Payable
901 North 9th Street, Room 301
Milwaukee, WI 53233
APinvoices@milwaukeecountywi.gov

A copy of this documentation should also be sent to the Milwaukee County Department which authorized such expense. Documentation should be provided to the individual and location indicated in the relevant contract as the individual to whom legal notice should be sent under the contract and the identified Contract Manager for the relevant contract, for process of payment.



Contractor Insurance Requirements for Contracts with Milwaukee County

Every Contractor and parties furnishing services or products to Milwaukee County or any of its subsidiaries must provide County with evidence of the following minimum insurance requirements. In no way do these minimum requirements limit the liability assumed elsewhere in the contract.

Modifications to the types of coverage, limits and/or other terms should not be made without the approval of the County's Risk Manager.

Insurance

Contractor shall, at its sole expense, maintain the following insurance:

A. Automobile Liability Insurance:

Should the performance of this Agreement involve the use of automobiles, Contractor shall provide comprehensive automobile insurance covering the ownership, operation and maintenance of all owned, non-owned and hired motor vehicles. Contractor shall maintain limits of at least \$1,000,000 per accident for bodily injury and property damage combined.

B. Professional Liability/License Defense:

This insurance shall insure the professional services of the Contractor for the scope of services to be provided under this contract. Such insurance shall provide limits of not less than \$1,000,000 per occurrence.

Additional Requirements:

C. If any of the coverage noted above is provided on a claims made and reported period, coverage shall be maintained for not less than 2 years (24 months) after the end of the Contract by either an extended reporting period (ERP) provision or by maintaining the coverage in force.

D. The insurance specified in (A.) above shall: (a) name Milwaukee County including its directors, officers, employees and agents as additional insureds by endorsement to the policies, and, (b) provide that such insurance is primary coverage with respect to all insureds and additional insureds.

E. Milwaukee County should also be granted a waiver of subrogation in its favor on the insurance specified under the insurance policy terms of in (A.) above.

F. The above insurance coverages may be obtained through any combination of primary and excess or umbrella liability insurance.



Contractor Insurance Requirements for Contracts with Milwaukee County

- G. Except where prohibited by law, all insurance policies shall contain provisions that the insurance companies waive the rights of recovery or subrogation, by endorsement to the insurance policies, against County, its subsidiaries, its agents, servants, invitees, employees, co-lessees, co-venturers, affiliated companies, contractors, subcontractors, and their insurers.

- H. Contractor shall provide certificates evidencing the coverages, limits and provisions specified above on or before the execution of the Agreement and thereafter upon the renewal of any of the policies. Contractor shall require all insurers to provide County with a thirty (30) day advanced written notice of any cancellation, nonrenewal or material change in any of the policies maintained in accordance with this Agreement. Coverage must be placed with carriers with a current A. M. Best rating of A X or better.

TBE Participation Recommendation

CONTACT INFORMATION

Contract Administrator: Suzanne Carter Phone: _____ Date: 10/12/23
Email Address _____ Dept: Zoo Grant \$\$: _____ Org No. _____

PROJECT INFORMATION

Project Name: 2023 PSA for Relief Veterinary Services with Dr. Taylor Bliss
Contract Scope/Project Description (**attach scope/description of work or estimating sheet**):
PSA to provide relief veterinary services through 12/31/23. Per Jenine Eilers' 6/12 post in the Procurement/OEI Teams chat, there are no available TBE firms that can provide relief veterinary services.
Contracting Opportunities (List NAICS codes): _____

TYPE OF PROJECT

Contract Value: \$24,225 (approximate) Contract Type: Professional Services

EXPLANATION

Request for a goal of 0% requires signature of department head. Check boxes below. Check all that applies.

- A. \$10,000 or less
- B. Rental or Lease
- C. Governmental Agency or Institution
- D. ¹Non-Profit (No subcontract)
- E. Purchasing or Renewal of software license
- F. ²Contract Extension/Amendment
- G. ³Specialized
- H. Only one individual assigned to the contract
- I. The nature (scope of work) of contract doesn't have subcontracting opportunities
- J. ⁴Grants
- K. No funding use by Milwaukee County
- L. Special License or Certificate required
- M. Other _____

Department/Division Administrator

Name _____ Signature _____ Date _____

OEI USE ONLY

Concur with Recommendation _____, or provide the following goals: _____ %
This contract is exempt from a participation goal: ___ Yes ___ No

Approved: Lamont Robinson Date: 10/15/2023

Note: 1 Non-Profit is not subcontracting work. 2 Must have the original Participation agreement. 3. No known TBE firms available. 4 No subcontracting to a non-profit entity. 5 A non-Milwaukee County entity is funding the project.

Certificate Of Completion

Envelope Id: BC6A9983A3B8424AB8DF3F76A31C74A4

Status: Completed

Subject: Complete with DocuSign: TBE 12 Taylor Bliss.pdf

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

Suzanne Carter

AutoNav: Enabled

633 W. Wisconsin Ave.

Envelope Stamping: Enabled

Suite 901

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53203

suzanne.carter@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

Status: Original

Holder: Suzanne Carter

Location: DocuSign

10/12/2023 4:07:54 PM

suzanne.carter@milwaukeecountywi.gov

Signer Events**Signature****Timestamp**

Lamont Robinson

lamont.robinson@milwaukeecountywi.gov

Director, CBDP

Milwaukee County

Security Level: Email, Account Authentication
(None)*Lamont Robinson*

Signature Adoption: Pre-selected Style

Using IP Address: 204.194.251.3

Sent: 10/12/2023 4:08:32 PM

Viewed: 10/15/2023 5:17:48 PM

Signed: 10/15/2023 5:18:03 PM

Electronic Record and Signature Disclosure:

Accepted: 3/11/2022 1:45:06 PM

ID: be35eacc-f2fa-4b7c-8e88-b25355c2d517

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

10/12/2023 4:08:32 PM

Certified Delivered

Security Checked

10/15/2023 5:17:48 PM

Signing Complete

Security Checked

10/15/2023 5:18:03 PM

Completed

Security Checked

10/15/2023 5:18:03 PM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

CONSUMER DISCLOSURE

From time to time, Wisconsin Milwaukee County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Milwaukee County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: plee@milwcnty.com

To advise Wisconsin Milwaukee County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Wisconsin Milwaukee County

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Milwaukee County

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> • Allow per session cookies • Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.

From: [Westphal, Vera](#)
To: [Zoccoli, Shannon](#); [Rand, Sue](#)
Cc: [Carter, Suzanne](#); [Rettenmund, Christy](#)
Subject: FW: Relief vets at the Milwaukee County Zoo
Date: Wednesday, June 14, 2023 2:21:56 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[Relief Veterinary Services Agreement v3.docx](#)
[Insurance Requirements Template - Vet Services.docx](#)
[Travel Exhibit 2023.docx](#)
[image001.png](#)

Hi Shannon and Sue,

Attached are final documents for one of the relief vet contracts. Please process so it's in place prior to July 6.

Thanks,

Vera Westphal | Deputy Zoo Director (Administration/Finance/Operations)
Milwaukee County Zoo
10001 W. Bluemound Road | Milwaukee, WI 53226
(414) 256-5404 | Vera.Westphal@milwaukeecountywi.gov
By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin.



"Where Nature and Wonder Meet"
www.milwaukeezoo.org

From: Carter, Suzanne <Suzanne.Carter@milwaukeecountywi.gov>
Sent: Wednesday, June 14, 2023 2:16 PM
To: Rettenmund, Christy <Christy.Rettenmund@milwaukeecountywi.gov>
Cc: Westphal, Vera <Vera.Westphal@milwaukeecountywi.gov>; Polaris, Mary <Mary.Polaris@milwaukeecountywi.gov>
Subject: Re: Relief vets at the Milwaukee County Zoo

Hi Christy,

Yes, that was the final piece that was needed to finalize the contract. Attached please find a clean version of the contract as well as a revised version of the insurance attachment and the travel attachment. I will continue to work on the other relief vet agreement. Thank you!

Suzanne Carter (she/her/hers) | Contracts Manager

Milwaukee County Procurement Division

633 W. Wisconsin Ave. | Milwaukee, WI 53203

(414) 223-8112 | county.milwaukee.gov

By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin.

From: Rettenmund, Christy <Christy.Rettenmund@milwaukeecountywi.gov>

Sent: Wednesday, June 14, 2023 12:06 PM

To: Carter, Suzanne <Suzanne.Carter@milwaukeecountywi.gov>

Cc: Westphal, Vera <Vera.Westphal@milwaukeecountywi.gov>; Polaris, Mary <Mary.Polaris@milwaukeecountywi.gov>

Subject: Re: Relief vets at the Milwaukee County Zoo

Hi Suzanne,

Now that we have heard back from risk management, was that the final piece that was needed to finalize the contract? Is there anything else you need from me to get this finalized? Please let me know. Thanks!

-Christy



Christy Rettenmund, DVM, Dipl. ACZM

Board Certified Specialist in Zoological Medicine™

Senior Staff Veterinarian

Milwaukee County Zoo

10001 W. Bluemound Rd.

Milwaukee, WI 53226

christy.rettendum@milwaukeecountywi.gov

office phone: 414-256-5494

animal health center: 414-256-5441

fax: 414-256-2522

From: Gatton, Anthony <Anthony.Gatton@milwaukeecountywi.gov>
Sent: Tuesday, June 13, 2023 11:19 AM
To: Rettenmund, Christy <Christy.Rettenmund@milwaukeecountywi.gov>; Carter, Suzanne <Suzanne.Carter@milwaukeecountywi.gov>; Abelson, Adam <Adam.Abelson@milwaukeecountywi.gov>
Cc: Westphal, Vera <Vera.Westphal@milwaukeecountywi.gov>; Polaris, Mary <Mary.Polaris@milwaukeecountywi.gov>
Subject: RE: Relief vets at the Milwaukee County Zoo

Yes, that is correct.

Anthony Gatton | Loss Control Manager
Milwaukee County Risk Management
633 W Wisconsin Ave. Ste 750 | Milwaukee, WI 53203
(414) 551-8039 | county.milwaukee.gov
By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin.

From: Rettenmund, Christy <Christy.Rettenmund@milwaukeecountywi.gov>
Sent: Tuesday, June 13, 2023 11:12 AM
To: Gatton, Anthony <Anthony.Gatton@milwaukeecountywi.gov>; Carter, Suzanne <Suzanne.Carter@milwaukeecountywi.gov>; Abelson, Adam <Adam.Abelson@milwaukeecountywi.gov>
Cc: Westphal, Vera <Vera.Westphal@milwaukeecountywi.gov>; Polaris, Mary <Mary.Polaris@milwaukeecountywi.gov>
Subject: Re: Relief vets at the Milwaukee County Zoo

Hi Tony,
Thanks for being willing to waive the liability and worker's comp insurance. These veterinarians work for themselves so they don't employ anyone or work for a company so they shouldn't need Worker's Comp based on the information given below. Just to confirm, they would only need auto insurance and professional liability/license defense, correct? Thanks for being willing to work with us on this!

-Christy



Christy Rettenmund, DVM, Dipl. ACZM

Board Certified Specialist in Zoological Medicine™

Senior Staff Veterinarian

Milwaukee County Zoo

10001 W. Bluemound Rd.

Milwaukee, WI 53226

christy.rettendum@milwaukeecountywi.gov

office phone: 414-256-5494

animal health center: 414-256-5441

fax: 414-256-2522

From: Gatton, Anthony <Anthony.Gatton@milwaukeecountywi.gov>

Sent: Tuesday, June 13, 2023 10:24 AM

To: Carter, Suzanne <Suzanne.Carter@milwaukeecountywi.gov>; Abelson, Adam <Adam.Abelson@milwaukeecountywi.gov>

Cc: Westphal, Vera <Vera.Westphal@milwaukeecountywi.gov>; Polaris, Mary <Mary.Polaris@milwaukeecountywi.gov>; Rettenmund, Christy <Christy.Rettenmund@milwaukeecountywi.gov>

Subject: RE: Relief vets at the Milwaukee County Zoo

Hello All,

I was able to do some more reviewing and agree that we can waive the General Commercial Liability Coverage given the specific scope of this contract (this may not always be the case for all Veterinarian contracts).

Worker's Comp insurance can be waived only if there are less than three "employees" working for this contractor. If there are 3 or more employees this is required by the State and cannot be waived.

Please let me know if there are any more questions or concerns.

Tony

Anthony Gatton | Loss Control Manager

Milwaukee County Risk Management

633 W Wisconsin Ave. Ste 750 | Milwaukee, WI 53203

(414) 551-8039 | county.milwaukee.gov

By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin.

From: Carter, Suzanne <Suzanne.Carter@milwaukeecountywi.gov>
Sent: Monday, June 12, 2023 8:32 AM
To: Abelson, Adam <Adam.Abelson@milwaukeecountywi.gov>; Gatton, Anthony <Anthony.Gatton@milwaukeecountywi.gov>
Cc: Westphal, Vera <Vera.Westphal@milwaukeecountywi.gov>; Polaris, Mary <Mary.Polaris@milwaukeecountywi.gov>; Rettenmund, Christy <Christy.Rettenmund@milwaukeecountywi.gov>
Subject: Fw: Relief vets at the Milwaukee County Zoo

Hi Adam and Tony,

Please see the emails below. Are we able to modify the insurance requirements for this contract accordingly? Thank you.

Suzanne Carter (she/her/hers) | Contracts Manager

Milwaukee County Procurement Division
633 W. Wisconsin Ave. | Milwaukee, WI 53203
(414) 223-8112 | county.milwaukee.gov

By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin.

From: Rettenmund, Christy <Christy.Rettenmund@milwaukeecountywi.gov>
Sent: Saturday, June 10, 2023 1:08 PM
To: Westphal, Vera <Vera.Westphal@milwaukeecountywi.gov>; Carter, Suzanne <Suzanne.Carter@milwaukeecountywi.gov>
Cc: Polaris, Mary <Mary.Polaris@milwaukeecountywi.gov>
Subject: Re: Relief vets at the Milwaukee County Zoo

I checked with the relief vets and professional liability/license defense and auto insurance is standard but they don't have workman's comp or additional liability (employer's or commercial general) insurance so hopefully we can waive all of those requirements.

-Christy



Christy Rettenmund, DVM, Dipl. ACZM

AVMA PLIT

Protecting you through it all



ZURICH

**Veterinary Professional Liability Insurance Policy
Certificate of Insurance**

<p>Item 1. Insured by the above company name and hereinafter called the Company Entity: American Insurance Company</p>	<p>Main Policy Number: 604 001003 -01 Certificate Number: VE1900000000 Date Issued: 02/01/2023</p>
<p>Item 2. Named Certificate Number, member number, policy type and address</p> <p>Tracy Nicole (DOB: 05/04/1984) S/O Page (DOB: 05/04/1984) Abbeyside, 100 E 17th</p> <p>Member Name: Tracy Nicole Member Number: 000001 Rating Code: (N) Great America Excellent</p>	<p>For More Information or to File a Claim: Please Call (800) 328-7744.</p> <p>Issue to the Company</p> <p>Zurich American Insurance Company Professional Programs Group PO Box 988072 Schwerdtfeger, A, 60698</p>
<p>Item 3. Policy Period From 02/01/2023 to 01/31/2024 12:01 A.M. Standard Time at the address of the Named Certificate Holder stated in Item 2.</p>	
<p>Item 4. Coverage Schedule</p>	
<p>Coverage only applies if purchased and listed in the Coverage Schedule below. If not as listed below, there is no Coverage under the Policy.</p>	
<p>Insuring Agreements</p>	<p>Aggregate Limit of Liability</p>
<p>A. Veterinary Professional Liability Coverage</p>	<p>\$2,000,000</p>
<p>B. Veterinary Licensed Debtors Coverage</p>	<p>\$100,000</p>
<p>C. Errors Coverage</p>	
<p>Level of Liability (Any One Occurrence)</p>	<p>Level of Liability (Specified Premises)</p>
<p>Level of Liability (Any One Occurrence)</p>	<p>Level of Liability (Specified Premises)</p>
<p>Level of Liability (Any One Occurrence)</p>	<p>Level of Liability (Specified Premises)</p>
<p>D. Endorsement and Terms (Errors Coverage)</p>	
<p>Level of Liability (Any One Occurrence)</p>	<p>Level of Liability (Specified Premises)</p>
<p>Level of Liability (Any One Occurrence)</p>	<p>Level of Liability (Specified Premises)</p>
<p>Level of Liability (Any One Occurrence)</p>	<p>Level of Liability (Specified Premises)</p>
<p>Level of Liability (Any One Occurrence)</p>	<p>Level of Liability (Specified Premises)</p>



GEICO SECURE INSURANCE COMPANY

DocuSign Envelope ID: ABEDFC00-EE02-44A7-B01F-A0059AE324EB

1-800-841-3000

San Diego, CA 92150-9090

MPN#

14137

New Mexico Insurance Identification Card

Policy Number

6071729328

Effective Date

10/01/2023

Expiration Date

04/01/2024

Insured

Taylor N Bliss

30A Nature Pointe

Tijeras NM 87059-8057

[View All Active Drivers](#)

VIN

3TMDZ5BN9MM115809

Year

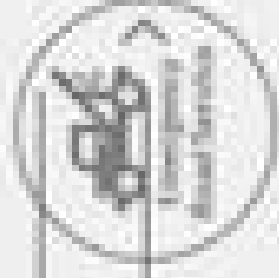
2021

Make

TOYOTA

Model

TACOMA



Certificate Of Completion

Envelope Id: 31FB42BA91474151B91F7EE0548385A4

Status: Completed

Subject: Please DocuSign: [2023] [Dr. Taylor Bliss Relief Vet] [Milwaukee County Zoo]

Source Envelope:

Document Pages: 29

Signatures: 8

Envelope Originator:

Certificate Pages: 7

Initials: 0

Shannon Zoccoli

AutoNav: Enabled

633 W. Wisconsin Ave.

Envelope Stamping: Enabled

Suite 901

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53203

Shannon.Zoccoli@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

Status: Original

Holder: Shannon Zoccoli

Location: DocuSign

10/11/2023 1:20:47 PM

Shannon.Zoccoli@milwaukeecountywi.gov

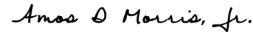
Signer Events**Signature****Timestamp**

Amos D Morris, Jr.

amos.morris@milwaukeecountywi.gov

Zoo Director

Zoo

Security Level: Email, Account Authentication
(None)

Sent: 10/17/2023 11:38:45 AM

Viewed: 10/17/2023 12:47:44 PM

Signed: 10/17/2023 12:52:09 PM

Signature Adoption: Pre-selected Style

Using IP Address: 204.194.251.5

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Judd Taback

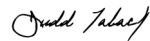
Judd.Taback@milwaukeecountywi.gov

Assistant Corp. Counsel, Office of Corporation

Counsel

Milwaukee County

Signing Group: Corporation Counsel

Security Level: Email, Account Authentication
(None)

Sent: 10/17/2023 12:52:11 PM

Viewed: 10/18/2023 3:26:15 PM

Signed: 10/18/2023 3:26:53 PM

Signature Adoption: Pre-selected Style

Using IP Address: 204.194.251.5

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Lamont Robinson

lamont.robinson@milwaukeecountywi.gov

Director, CBDP

Milwaukee County

Signing Group: Office of Economic Inclusion

Security Level: Email, Account Authentication
(None)

Sent: 10/17/2023 12:52:12 PM

Viewed: 10/23/2023 11:02:21 AM

Signed: 10/23/2023 11:02:28 AM

Signature Adoption: Pre-selected Style

Using IP Address: 204.194.251.3

Electronic Record and Signature Disclosure:

Accepted: 3/11/2022 1:45:06 PM

ID: be35eacc-f2fa-4b7c-8e88-b25355c2d517

Comptroller

comptrollersignature@milwaukeecountywi.gov

Comptroller

Milwaukee County

Security Level: Email, Account Authentication
(None)

Sent: 10/17/2023 12:52:14 PM

Viewed: 10/23/2023 11:26:55 AM

Signed: 10/23/2023 11:37:15 AM

Signature Adoption: Uploaded Signature Image

Using IP Address: 204.194.251.3

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Adam J. Abelson Adam.Abelson@milwaukeecountywi.gov Director of Risk Management Signing Group: Risk Management Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3	<p>Sent: 10/17/2023 12:52:14 PM Viewed: 10/19/2023 4:26:05 PM Signed: 10/19/2023 4:26:15 PM</p>
<p>County Executive David Crowley David.Crowley@milwaukeecountywi.gov Milwaukee County Executive Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	 Signature Adoption: Uploaded Signature Image Using IP Address: 174.192.134.184 Signed using mobile	<p>Sent: 10/23/2023 11:37:18 AM Viewed: 10/24/2023 8:37:50 AM Signed: 10/24/2023 8:38:04 AM</p>
<p>Judd Taback Judd.Taback@milwaukeecountywi.gov Assistant Corp. Counsel, Office of Corporation Counsel Milwaukee County Signing Group: Corporation Counsel Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5	<p>Sent: 10/24/2023 8:38:08 AM Viewed: 10/24/2023 3:56:48 PM Signed: 10/24/2023 3:56:57 PM</p>
<p>Taylor Bliss taylor.n.bliss@gmail.com Dr. Taylor Bliss Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 10/26/2023 2:25:23 PM ID: 222fed38-bfda-4fc7-860f-84321d832d1c</p>	 Signature Adoption: Drawn on Device Using IP Address: 172.59.0.177 Signed using mobile	<p>Sent: 10/24/2023 3:57:00 PM Viewed: 10/26/2023 2:25:23 PM Signed: 10/26/2023 2:29:06 PM</p>

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
<p>AP Copy APcontracts@milwaukeecountywi.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 6/1/2021 7:49:55 AM ID: 277c9bf9-4872-4c44-b14a-76b235e8006d</p>	<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">COPIED</div>	<p>Sent: 10/26/2023 2:29:10 PM</p>

Carbon Copy Events	Status	Timestamp
<p>Joseph Lamers Joseph.Lamers@milwaukeecountywi.gov Director, Milwaukee County Office of Strategy, Budget and Performance Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 10/26/2023 2:29:10 PM
<p>Procurement procurementapprovalrequest@milwaukeecountywi.gov ov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 10/26/2023 2:29:10 PM
<p>Sue Rand susan.rand@milwaukeecountywi.gov Zoo Accounting Manager Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 10/26/2023 2:29:12 PM
<p>Maria Pinto Marialuisa.Pinto@milwaukeecountywi.gov Fiscal Assistant - Zoo Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 10/26/2023 2:29:13 PM
<p>Vera Westphal Vera.Westphal@milwaukeecountywi.gov Deputy Zoo Director Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 6/18/2018 4:31:10 PM ID: f562a5c6-39e4-4223-bdb0-8148a0d4ddc3</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 10/26/2023 2:29:14 PM
<p>Chris Fifarek Christopher.Fifarek@milwaukeecountywi.gov Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 10/26/2023 2:29:16 PM
<p>Christy Rettenmund christy.rettmund@milwaukeecountywi.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 9/10/2022 12:02:43 PM ID: c2b69de0-fe68-41d4-a023-76b7f5fc6e10</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 10/26/2023 2:29:17 PM

Carbon Copy Events	Status	Timestamp
Kari Williams Kari.Williams@milwaukeecountywi.gov Milwaukee County Security Level: Email, Account Authentication (None)	COPIED	Sent: 10/26/2023 2:29:18 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Witness Events	Signature	Timestamp
----------------	-----------	-----------

Notary Events	Signature	Timestamp
---------------	-----------	-----------

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/17/2023 11:38:45 AM
Certified Delivered	Security Checked	10/26/2023 2:25:23 PM
Signing Complete	Security Checked	10/26/2023 2:29:06 PM
Completed	Security Checked	10/26/2023 2:29:18 PM

Payment Events	Status	Timestamps
----------------	--------	------------

Electronic Record and Signature Disclosure
--

CONSUMER DISCLOSURE

From time to time, Wisconsin Milwaukee County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Milwaukee County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: plee@milwcnty.com

To advise Wisconsin Milwaukee County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Wisconsin Milwaukee County

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Milwaukee County

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> • Allow per session cookies • Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.

CONTRACT FORM 1684 R6 See procedures in: *Notes below (hover over red triangles)* and *Forms Library/Contracts*

Check one: Preliminary Form *Print this completed form as a pdf. Upload the pdf to DocuSign when circulating any contract or amendment for signatures.*
 Corrected Form *Date of correction:* *Upload corrections to DocuSign.*

CONTRACT TYPE (select from **one** dropdown box below) Next step (depending on the Type you selected):

PROFESSIONAL SERVICES *Enter as an Encumbered Service Contract in Infor. Circulate the Contract in DocuSign with this 1684 form.*
Enter as a Requisition in Infor. Circulate the Contract in DocuSign with this 1684 form.
Tracking system may interface with Infor. Circulate the Contract in DocuSign with this form.
No commitment is needed in Infor. Circulate the Contract in DocuSign with this 1684 form.
No commitment is needed in Infor. Circulate the Contract in DocuSign with this 1684 form.

CONTRACT SUBTYPE (select from dropdown box below) INFOR CONTRACT NO. *if applicable*

MEDICAL 2589

CONTRACT CLASSIFICATION & AGENCY NAME (select from dropdown box below) ADVANTAGE CONTRACT NO. *if applicable*

950 ZOOLOGICAL DEPARTMENT

CONTRACT SUBCLASSIFICATION (LOW ORG.) (select from dropdown box below) DEPARTMENT'S INTERNAL CONTRACT NO. *if applicable*

9512

SUPPLIER or other party to the contract SUPPLIER'S or other party's ADDRESS

Taylor Nicole Bliss 30A Nature Pointe

SUPPLIER TAX I.D. SUPPLIER # COMMODITY CODE (or list by Line below) NEW or AMEND Tijeras, NM 87059

5925 70122009 X

EFFECTIVE DATES: LENGTH OF CONTRACT AMENDMENT ONLY: DOLLAR TOTAL CONTRACT AMOUNT

effective date expiration date (IN MONTHS) CHANGE

10/24/2023 6/1/2024 approx 2 + now extending 6 \$ 32,400.00 \$ 49,875.00

ACCOUNTING INFORMATION

Year to be Encumbered or Earned	Line No.	Commodity Code	Agency	Org.	Account	Activity	Function	Reporting Category	Project / Job / Grant	Fund	Item Description	Item Description 2	Amount to be Encumbered or Earned
2023	01		950	9512	60115					10001	2023 encumbrance orig agreement professional services (med)	\$675 daily rate (NTE)	\$ 14,175.00
2023	2		950	9512	60807					10001	2023 encumbrance orig agreement mileage & lodging expenses	NTE	\$ 2,300.00
2023	3		950	9512	60022					10001	2023 encumbrance orig agreement WI licensure reimbursement		\$ 1,000.00
2024	4		950	9512	60115					10001	2024 Encumbrance First Amendment professional services (med)	\$675 daily rate (NTE)	\$ 32,400.00

NAME OF CONTRACT

First Amendment to 10/24/23-12/31/23 PSA for Relief Veterinarian Services - Zoological Department - Dr. Taylor Bliss

DESCRIPTION (PURPOSE OF CONTRACT)

First Amendment to the 10/24/2023 Relief Veterinary Services Agreement - The Contractor shall provide relief veterinarian services for the Animal Health Center. The County will compensate the Contractor for work performed on a daily basis at a rate of \$675 per day. For the original Agreement, the Zoo anticipated the Contractor would provide services beginning 12/1/2023 and work approximately 31 days until the original Agreement's anticipated 12/31/2023 expiration; however, only 21 days will be needed in December, reflected in line #1 of this amended 1684 form. The original Agreement authorized the Zoo to also reimburse the Contractor for mileage and lodging expenses not exceeding \$2,300 and Wisconsin licensure not exceeding \$1,000. The First Amendment extends the Agreement through 6/30/2024. The Zoo now anticipates that the Contractor will provide approximately 48 additional days of work until the Agreement's 6/30/2024 expiration, as amended in line #4. DocuSign Envelope: abedfc00-ee02-44a7-b01f-a0059ae324eb

If NO, why is Board approval not required? Contract for services with a value less than \$100,000 only using funds from an adopted budget year

Does this contract require payment before services are rendered? YES NO

The County does not prepay for services. Draft the contract to require the Contractor to invoice the County once services are provided.

Will this contract be fully signed before work is performed? YES NO

Is Supplier certified as: DBE? YES MBE? YES WBE? YES SBE? YES

Shannon Zoccoli 11/29/23 Administrative Services Coordinator

Prepared By Date Title

vera westphal 11/30/2023 Deputy Zoo Director

Signature of person with signature card authority Date Title

Print this page as a pdf. Upload that pdf to DocuSign. Use DocuSign to obtain the Signature of the person with signature card authority.

Certificate Of Completion

Envelope Id: ABEDFC00EE0244A7B01FA0059AE324EB	Status: Completed
Subject: Please DocuSign: [2024] [Dr. Taylor Bliss Relief Vet Amendment] [Milwaukee County Zoo]	
Source Envelope:	
Document Pages: 39	Signatures: 8
Certificate Pages: 7	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Shannon Zoccoli
Time Zone: (UTC-06:00) Central Time (US & Canada)	633 W. Wisconsin Ave.
	Suite 901
	Milwaukee, WI 53203
	Shannon.Zoccoli@milwaukeecountywi.gov
	IP Address: 204.194.251.5

Record Tracking

Status: Original	Holder: Shannon Zoccoli	Location: DocuSign
11/14/2023 8:18:36 AM	Shannon.Zoccoli@milwaukeecountywi.gov	

Signer Events

Signature	Timestamp
<p>Amos D Morris, Jr. amos.morris@milwaukeecountywi.gov Zoo Director Zoo Security Level: Email, Account Authentication (None)</p>	<p><i>Amos D Morris, Jr.</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5</p>

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

<p>Judd Taback Judd.Taback@milwaukeecountywi.gov Assistant Corp. Counsel, Office of Corporation Counsel Milwaukee County Signing Group: Corporation Counsel Security Level: Email, Account Authentication (None)</p>	<p><i>Judd Taback</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3</p>	<p>Sent: 11/30/2023 5:01:10 PM Viewed: 12/4/2023 12:13:25 PM Signed: 12/4/2023 12:13:50 PM</p>
---	--	--




Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

<p>Lamont Robinson lamont.robinson@milwaukeecountywi.gov Director, CBDP Milwaukee County Signing Group: Office of Economic Inclusion Security Level: Email, Account Authentication (None)</p>	<p><i>Lamont Robinson</i></p> <p>Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3</p>	<p>Sent: 11/30/2023 5:01:11 PM Viewed: 12/1/2023 6:47:45 AM Signed: 12/1/2023 6:47:58 AM</p>
--	--	--

Electronic Record and Signature Disclosure:
 Accepted: 3/11/2022 1:45:06 PM
 ID: be35eacc-f2fa-4b7c-8e88-b25355c2d517

<p>Comptroller comptrollersignature@milwaukeecountywi.gov Comptroller Milwaukee County Security Level: Email, Account Authentication (None)</p>	<p><i>[Signature]</i></p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 204.194.251.3</p>	<p>Sent: 11/30/2023 5:01:12 PM Viewed: 12/8/2023 2:15:19 PM Signed: 12/8/2023 2:17:38 PM</p>
---	--	--

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Adam J. Abelson Adam.Abelson@milwaukeecountywi.gov Director of Risk Management Signing Group: Risk Management Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3	<p>Sent: 11/30/2023 5:01:12 PM Viewed: 12/7/2023 3:12:37 PM Signed: 12/7/2023 3:22:02 PM</p>
<p>County Executive David Crowley David.Crowley@milwaukeecountywi.gov Milwaukee County Executive Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	 Signature Adoption: Uploaded Signature Image Using IP Address: 98.144.240.189 Signed using mobile	<p>Sent: 12/8/2023 2:17:41 PM Viewed: 12/8/2023 4:43:44 PM Signed: 12/8/2023 4:43:49 PM</p>
<p>Scott F. Brown scott.brown@milwaukeecountywi.gov Deputy Corporation Counsel Milwaukee County Signing Group: Corporation Counsel Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	 Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.5	<p>Sent: 12/8/2023 4:43:52 PM Viewed: 12/8/2023 5:08:41 PM Signed: 12/8/2023 5:08:53 PM</p>
<p>Taylor Bliss taylor.n.bliss@gmail.com Dr. Taylor Bliss Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 10/26/2023 2:25:23 PM ID: 222fed38-bfda-4fc7-860f-84321d832d1c</p>	 Signature Adoption: Drawn on Device Using IP Address: 172.59.96.129 Signed using mobile	<p>Sent: 12/8/2023 5:08:58 PM Viewed: 12/8/2023 5:44:09 PM Signed: 12/14/2023 1:17:29 PM</p>

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
<p>AP Copy APcontracts@milwaukeecountywi.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 6/1/2021 7:49:55 AM ID: 277c9bf9-4872-4c44-b14a-76b235e8006d</p>	<div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">COPIED</div>	<p>Sent: 12/14/2023 1:17:32 PM</p>

Carbon Copy Events	Status	Timestamp
<p>Joseph Lamers Joseph.Lamers@milwaukeecountywi.gov Director, Milwaukee County Office of Strategy, Budget and Performance Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 12/14/2023 1:17:32 PM
<p>Procurement procurementapprovalrequest@milwaukeecountywi.gov ov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 12/14/2023 1:17:32 PM
<p>Maria Pinto Marialuisa.Pinto@milwaukeecountywi.gov Fiscal Assistant - Zoo Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 12/14/2023 1:17:34 PM
<p>Vera Westphal Vera.Westphal@milwaukeecountywi.gov Deputy Zoo Director Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 6/18/2018 4:31:10 PM ID: f562a5c6-39e4-4223-bdb0-8148a0d4ddc3</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 12/14/2023 1:17:34 PM
<p>Chris Fifarek Christopher.Fifarek@milwaukeecountywi.gov Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 12/14/2023 1:17:35 PM
<p>Christy Rettenmund christy.rettmund@milwaukeecountywi.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 12/8/2023 12:47:30 PM ID: 88c8c4e3-4f13-4e50-979b-1b0925bde58a</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 12/14/2023 1:17:36 PM
<p>Kari Williams Kari.Williams@milwaukeecountywi.gov Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COPIED</div>	Sent: 12/14/2023 1:17:37 PM
Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp
----------------------	------------------	------------------

Envelope Summary Events	Status	Timestamps
--------------------------------	---------------	-------------------

Envelope Sent	Hashed/Encrypted	11/30/2023 10:01:28 AM
Certified Delivered	Security Checked	12/8/2023 5:44:09 PM
Signing Complete	Security Checked	12/14/2023 1:17:29 PM
Completed	Security Checked	12/14/2023 1:17:37 PM

Payment Events	Status	Timestamps
-----------------------	---------------	-------------------

Electronic Record and Signature Disclosure

CONSUMER DISCLOSURE

From time to time, Wisconsin Milwaukee County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Milwaukee County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: plee@milwcnty.com

To advise Wisconsin Milwaukee County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Wisconsin Milwaukee County

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Milwaukee County

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.