

# Puppy Adoption Contract

Date of Contract and Bill of Sale \_\_\_\_\_

Price \_\_\_\_\_

Paid  Cash  Check  Credit Card  Other

## 1. THE DOG

Call Name \_\_\_\_\_

Breed \_\_\_\_\_

Sex  Male  Female

Date of Birth \_\_\_\_\_

Neutered/spayed  Yes  No

Registry  AKC  Other \_\_\_\_\_

Registration  Full  Limited  None

Litter reg. # \_\_\_\_\_

Dog's reg. # \_\_\_\_\_

Registration Certificate or Application Form given to

Buyer(s)  Yes  No

Sire \_\_\_\_\_

Registration # \_\_\_\_\_

Dam \_\_\_\_\_

Registration # \_\_\_\_\_

## 2. The Seller(s)

Name \_\_\_\_\_

Kennel Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Seller(s) Signatures

Seller \_\_\_\_\_ Date \_\_\_\_\_

Seller \_\_\_\_\_ Date \_\_\_\_\_

## 3. The Buyers(s)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

## 4. Warranties

Seller warrants that the dog is a purebred and can be registered unless the form is withheld as indicated in section 1.

The Buyer must take the Dog to a Licensed veterinarian within 10 days of the time of acquisition. Any implied Health warranty is void if the buyer does not make the required vet visit within the prescribed time period.

The Seller warrants the Dog against life threatening Congenital defects for a period of one year.

The Seller warrants that to the best of their knowledge this pure bred dog is in good healthy condition.

The Buyer understands that the Seller has limited information and control regarding the future temperament, habits, and appearance of the Dog, and hence does not warrant such.

The Seller will replace this dog if it dies due to any congenital defect provided the following conditions are met.

1. Buyer must consult with Seller within 24 hrs. of any illness and follow the a advice of the Seller's Veterinarian.
2. Buyer must have an autopsy performed by Sellers Veterinarian of choice within 24 hrs of death.
3. Seller is not responsible for unauthorized medical expenses.

## Buyer(s) Signatures

Buyer \_\_\_\_\_ Date \_\_\_\_\_

Buyer \_\_\_\_\_ Date \_\_\_\_\_