

Appleway Farm Pet Contract

BILL OF SALE AND GUARANTEE

I, DIANNE BATISTA ON THIS DAY _____ SOLD THE AUSTRALIAN SHEPARD

PUPPY KNOWN AS _____ OUT OF _____
AND _____ BORN ON _____ TO THE UNDERSIGNED BUYER FOR THE SUM OF \$ _____

THIS DOG IS BEING SOLD AS A "COMPANION PET" AND MUST BE SPAYED/NEUTERED BY 8 MONTHS OF AGE. A COPY OF THE SPAY/NEUTER FORM FROM THE VETINARIAN WILL BE SENT TO THE SELLER. THE DOG IS TO BE KEPT IN A SAFE, COMFORTABLE AND LOVING CONDITIONS INCLUDING REGULAR VET CHECKS, HEARTWORM MEDICATION, SHOTS, EXERCISE, FRESH WATER AND FOOD DAILY AND PROTECTION FROM THE ELEMENTS.

THE PUPPY SHOULD BE REGISTERED WITH THE NAME 'APPLEWAY' AT THE BEGINNING OF THE REGISTERED NAME. THE PUPPY SHOULD BE WELL SOCIALIZED AND OBEDIENCE CLASSES ARE RECOMMENDED.

THE PUPPY IS NEVER TO BE SOLD, GIVEN TO ANY SHELTER, PET STORE, PUPPY MILL AUCTION ETC. THE SELLER IS TO BE NOTIFIED OF ANY TRANSFER OF OWNERSHIP AND RESERVES THE FIRST RIGHT OF REFUSAL.

THE DOG IS TO BE EXAMINED BY A VETINARIAN WITHIN 7 CALENDAR DAYS OF PURCHASE, IF ANY DEFECTS ARE FOUND THE DOG MAY BE RETURNED FOR FULL CREDIT. AFTER THAT THE DOG MAY BE RETURNED WITHOUT REIMBURSEMENT.

Each puppy/dog is guaranteed to be free of Genetic Health Disorders. Within the 1st year after purchase, if the puppy/dog has not been bred, and it is found to have a Genetic Defect, Certified by a Reputable Veterinarian, rendering it to be incapacitated and an unsuitable companion, the purchaser agrees to surrender the puppy/dog to the Breeder with Signed Registration Papers, and the Breeder agrees to replace the puppy/dog with one of the same type and sex, and of equal sale value. Replacement will be a puppy/dog of the breeder's choice of stock on hand, or expected litters within one year. No Cash refunds will be made for the purchase. The Breeder may request a 2nd opinion to verify the said genetic defect prior to agreeing to replacement. All shipping costs and veterinarian expenses incurred are the sole responsibility of the purchaser and are Non-refundable

THE SELLER WILL PROVIDE THE FOLLOWING WITHIN 60 DAYS:

1. A COPY OF HEALTH RECORD
2. A COPY OF VACCINATION RECORD
3. 3 GENERATION PEDIGREE
4. AKC REGISTRATION-FORM (FOR LIMITED REGISTRATION)

BUYER _____

PHONE _____

ADDRESS _____

E-MAIL _____

SELLER _____

PHONE: 540-483-4815

SELLER E-MAIL: APPLEWAYFARMVA@AOL.COM