

This contract was provided by \* Snake River Havanese \*

This is to certify the sale of one \_\_\_\_\_ Havanese on \_\_\_\_\_  
To: [name, address and phone number] \_\_\_\_\_

For the sum of \_\_\_\_\_.

DESCRIPTION OF DOG:

Name of dog: \_\_\_\_\_  
Date Whelped: \_\_\_\_\_ Color: \_\_\_\_\_  
Place of Birth: Idaho Falls, ID 83404 Sex: \_\_\_\_\_  
Litter registration # \_\_\_\_\_ AKC # \_\_\_\_\_  
Sire: \_\_\_\_\_ AKC# \_\_\_\_\_  
Dam: \_\_\_\_\_ AKC # \_\_\_\_\_  
Breeder's name: Jackie Croft  
Breeder's address: 1370 Bower Dr Idaho Falls, ID 83404

CONDITIONS OF SALE:

If at any time the buyer can no longer retain possession of this dog, the seller is to be notified and given FIRST OPTION of resuming full ownership at a \* price to be mutually agreed upon by both parties. \*This would take into consideration the costs incurred by the breeder in caring for the dog and locating a new home. The dog will be returned with the AKC papers and any medical records.

Under NO CIRCUMSTANCES is the dog to be placed in a pet shop, animal shelter, or similar establishment.

Under NO CIRCUMSTANCES is this dog to be used in dog fighting, or similar activities.

HEALTH GUARANTEE:

The seller guarantees this dog to be of sound health and temperament at the time of this sale. The purchaser agrees to take this dog to a licensed veterinarian of his choice within 72 hours for a physical examination. Should the dog be determined to be in ill health, the cause of which is clearly attributable to the seller, the dog may, upon written diagnosis from said veterinarian, be returned for refund of the purchase price or for another dog of equal value, the choice to be determined by the seller.

Any veterinarian's diagnosis shall be subject to confirmation by a veterinarian chosen and paid for by the seller. Should said veterinarian not concur with the diagnosis, the matter shall be presented to a third veterinarian mutually agreed upon by the seller and the purchaser.

PAPERS PROVIDED AT THE TIME OF SALE:

Registration Form [ AKC Full Registration]  
 Copy of Pedigree  
 Medical History     Health Certificate

SELLER:

[OWNER]: \_\_\_\_\_ DATE: \_\_\_\_\_

[CO-OWNER]: \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASER: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Congenital Disease Guaranty: If a congenital disease develops within one year of purchase [I reserve the right to have the animal examined by a vet of my choice at my expense to confirm the diagnosis.] one-half of the purchase price will be refunded upon proof of spay/ neuter. [This does not apply to faults or defects, which were disclosed at the time of purchase.]

\*All Guarantees pertain to the original purchaser only.

\*You agree to provide regular veterinary care as well as the proper daily maintenance to keep the dog in good health.

\*You agree to inform me at once if problems develop and to follow all veterinary recommendations for their solution. If these things are not done, all guarantees are voided.