

# Puppy Purchase Agreement



This puppy is guaranteed to be in good health to the best of my knowledge at the time of this sale and has been examined by our licensed veterinarian. The Puppy has had its first temporary inoculation against distemper, hepatitis & Provirus. This does not mean that the puppy is immune to these diseases, therefore you, the buyer, are fully responsible to maintain your puppy's continued vaccinations and to do on a yearly basis according to your own Vet's recommendations. This puppy has been started on NuVet Plus Vitamins and is being sent home with a one week's supply. We ask that you continue with NuVet Plus till the puppy reaches at least 6 months of age. Ask breeder where to purchase it.

As a buyer you have three (3) business days from the day of purchase to have this puppy examined by your own licensed veterinarian. Examination must include a fecal/worm check. If your vet determines your puppy is in ill health, you must make immediate arrangements with the seller to return the puppy along with a written and signed statement from your vet, should this be your choice.

Once you purchase a puppy, we guarantee that should your puppy have any *life threatening, hereditary*, problems arise during the first *two* years from date of purchase, that we will replace the puppy with another from our own stock, as soon as one avails, or give you a full refund for the *purchase price*. You must also return the ill puppy to the seller should this be the case & along with the puppy, bring a written, signed, statement from your Vet, giving details of diagnosis. Seller assumes no responsibility or financial liability for any vet visits or treatments.

Seller assumes no responsibilities for family disagreements over said puppy, or for allergies.

BREED:

DOB:

GENDER: M-F

COLOR:

SIRE:

Sire's Reg.

DAM:

Dam's Reg.

I HAVE READ AND AGREE WITH SAID CONDITIONS

Buyer's Printed Name \_\_\_\_\_ Date of Sale: \_\_\_\_/\_\_\_\_/\_\_\_\_

Buyer's Signature \_\_\_\_\_ PH: \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Buyer's Mailing Address \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Buyer's E-Mail Address \_\_\_\_\_

Sellers Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Seller's Mailing address: 20557 7<sup>th</sup> Road, Plymouth, IN, 46563 Ph. 574.935.3183

[www.puppies2luv.com](http://www.puppies2luv.com)

*Thank You !*