Papi's Dobermans

1607 27TH ST. SE RUSKIN, FL 33570

Application information

Full name: _____ Date: _____

Last *First* *M.I.*

Address: _____ Phone: _____

Street address *Apt/Unit #*

_____ Email: _____

City *State* *Zip Code*

Date of Purchase: _____ Vet Phone Number _____ Rent or own your home? How long at current address? _____

House or apartment? _____

Number of Dogs you currently own? Yes ☐ No ☐

Do you own a home with a fenced yard for this large dog? Yes ☐ No ☐

Have you owned a large breed dog in the past? Yes ☐ No ☐ Do you have children & how many? Ages? _____

Are you looking for a male or female? Yes ☐ No ☐ Give me brief explanation of why you want a Doberman? _____

For the Purchase of the Puppy

Puppy ID: _____ AKC registration _____

Sire Name: _____ Dam Name: _____ Sex: F/M Color: F ☐ M ☐ Date of Birth: _____

Purchase Price: $4,000.00 Includes ear cropping/ tail docking, Akc microchip/ 1 year health guarantee/ Florida Vet Certificate Shipping Charges: _____

Deposit Paid: _____ Total: _____ Balance is to be paid before delivery or pickup! Yes ☒ No ☐ Date: _____

Are You a Breeder? _____ Full/Limited Limited _____

Buyer Signature: _____ Date: _____ Sellers Signature: _____ Yes ☒ No ☐ Date: _____

Buyer agrees to have his or her puppy examined by a licensed veterinarian of their choice within three business days of purchase receiving and to have the veterinary examination report completed by the attending veterinarian. The report must be returned to seller immediately following the examination. Failure to return a written report within 24 hours of exam invalidates this contract. This report may be emailed to b.paplhawkspointhoe@yahoo.com. If your puppy is in the opinion of your veterinarian has any physical problems considered to be life threatening, I will provide you with the healthy replacement puppy of equal value, if there are no puppies available one will be provided from the next available litter. If a buyer chooses a puppy of greater value than buyer will be responsible for the cost difference. To make a claim you must return your puppy to us within 5 days of purchase also provide a signed statement from the veterinarian providing date of examination and explanation as to why the puppy is a poor health risk. The statement must include a description of the symptoms supporting the opinions. There will be no refund on shipping charges miscellaneous charges necessary for transportation of puppy to or from this location. Note there is no guarantee against coccidiosis,parasites, elongated soft palate and viral or bacterial infections.

Disclaimer and signature

I understand that false or misleading information in my application may result in an application that is not approved.

Signature: _____ Date: _____