**Lonestar Bloodhound**

401 Russell Lane Weatherford, Texas 76087

214-470-6652

**THIS IS A LEGAL AND BINDING CONTRACT, BOTH BUYER AND SELLER AGREES TO**

**ALL TERMS AND CONDITIONS**

My signature below certifies that I have read and understand the Health Guarantee, Terms and Conditions, and the Puppy Care instructions. I agree to follow recommended veterinary care and vaccination schedules.

Date of Birth: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration: \_\_\_\_\_\_\_\_\_\_\_

AKC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Puppy #: \_\_\_\_\_\_\_\_\_\_

Selling Price: \_\_\_\_\_\_\_\_\_\_\_ Shipping amount: \_\_\_\_\_\_\_\_\_\_\_

Date of Deposit: \_\_\_\_\_\_\_\_\_\_\_\_ Amount of Deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_\_

Date of Final PMT: \_\_\_\_\_\_\_\_\_\_\_\_\_ Final Amount Paid: \_\_\_\_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_\_\_\_

**From: Sire \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Dam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **AKC \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AKC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Acknowledgement of Receipt: Health Records initial \_\_\_\_\_\_

 AKC Registration initial \_\_\_\_\_\_

 Standard of Care initial \_\_\_\_\_\_

Buyer’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Buyer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Both parties agree to the terms and conditions of the contract.

Buyers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seller Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_