**California Cat Bill of Sale Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)**

**1. THE PARTIES**

**This AGREEMENT made the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20, between:**

| **SELLER:****Full Name:** **Driver's License No:** **Street Address:** **City:** **State:****ZIP:** **Phone Number:** **Email Address** | **BUYER:****Full Name:** **Driver's License No:** **Street Address:** **City:** **State:****ZIP:** **Phone Number:** **Email Address** |
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**2. DESCRIPTION OF CAT**

* **Cat's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Sex: (check one)**
	+ **Male**
	+ **Female**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Registration Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Distinguishing Marks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. PURCHASE PRICE**

* **The total purchase price for the cat described above is $\_\_\_\_\_\_\_\_\_.**

**4. PAYMENT TERMS**

* **Payment Method: (check one)**
	+ **Cash**
	+ **Check (Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**
	+ **Money Order**
	+ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Payment Plan (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. HEALTH GUARANTEE**

* **The Seller guarantees that the cat is in good health at the time of sale.**
* **Any known health issues are disclosed here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. SPAY/NEUTER AGREEMENT**

* **The Buyer agrees to spay/neuter the cat by the age of \_\_\_\_\_\_ months.**
* **Proof of spay/neuter must be provided to the Seller by the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**7. RETURN POLICY**

* **The Buyer may return the cat within \_\_\_\_\_\_ days for a full refund if not satisfied, provided the cat is in the same health condition as at the time of sale.**
* **The Seller agrees to accept the cat back under the following conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. BUYER'S ACKNOWLEDGEMENT**

* **The Buyer acknowledges that they have inspected the cat to their satisfaction and accepts the cat in its current condition.**

**9. ADDITIONAL TERMS**

* **Any additional terms or conditions agreed upon by the Buyer and Seller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. SIGNATURES**

**By signing below, both parties agree to the terms and conditions outlined in this Cat Bill of Sale.**

**Seller's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Buyer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTARY ACKNOWLEDGEMENT (IF REQUIRED)**

**State of California**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.**

**I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.**

**WITNESS my hand and official seal.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**