**Delaware Cat Bill of Sale Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*

|  | **Seller Information** | **Buyer Information** |
| --- | --- | --- |
| **Name** |  |  |
| **Address** |  |  |
| **City, State, ZIP** |  |  |
| **Phone Number** |  |  |
| **Email** |  |  |

**3. Cat Information:**

* **Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Approximate Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Registration Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Special Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Purchase Price:**

* **The total purchase price of the cat is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (U.S. Dollars).**
* **Payment method: [ ] Cash [ ] Check [ ] Credit Card [ ] PayPal [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_**

**5. Health Guarantee and Condition:**

* **The Seller certifies that to the best of their knowledge, the cat is in good health and free from any contagious diseases.**
* **The Buyer has 48 hours from the date of sale to have the cat examined by a veterinarian and report any health concerns to the Seller.**
* **The Buyer acknowledges that the cat is sold "as-is" and the Seller makes no further guarantees regarding the cat's health or behavior.**

**6. Additional Terms:**

**7. Signatures:**

**I, the undersigned Seller, do hereby sell and transfer ownership of the above-described cat to the Buyer for the amount specified above. I certify that I am the legal owner of the cat and have the authority to sell it.**

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

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

**Witness’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**