

Delaware Horse Bill of Sale Form

1. THE PARTIES:

This Bill of Sale is made on this ____ day of _____, 20, by and between:

1. Seller Details:

- Name: _____
- Address: _____
- City, State, ZIP: _____, Delaware, _____
- Contact Number: _____

2. Buyer Details:

- Name: _____
- Address: _____
- City, State, ZIP: _____, Delaware, _____
- Contact Number: _____

2. HORSE DESCRIPTION:

Name: _____

Breed: _____ Color: _____

Sex: _____ Age: _____

Height: _____

Registration Number (if any): _____

Other Identifying Marks: _____

3. PURCHASE PRICE:

The Seller agrees to sell and the Buyer agrees to purchase the horse described above for the total sum of \$ _____ (U.S. Dollars).

4. PAYMENT METHOD:

Cash

Check (Check Number: _____)

Money Order

Other: _____

5. HEALTH CHECK:

The Buyer does does not request a pre-purchase health check of the horse by a licensed veterinarian.

Veterinarian's Name: _____

Date of Examination: _____

Results: _____

6. WARRANTIES:

The Seller makes the following warranties regarding the horse:

The horse is free from any liens or encumbrances.

The horse is sold "as-is" without any express or implied warranties, including but not limited to the horse's condition or suitability for any particular purpose.

Other Warranties: _____

7. TRANSFER OF OWNERSHIP:

The ownership and responsibility of the horse shall be transferred from the Seller to the Buyer immediately upon the signing of this Bill of Sale and receipt of the payment in full.

8. SIGNATURES:

By signing below, both parties acknowledge and agree to the terms and conditions of this Bill of Sale.

Seller:

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____ Email: _____

Buyer:

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____ Email: _____

Witness:

Signature: _____ Date: _____

Printed Name: _____

STATE OF DELAWARE

COUNTY OF _____

Subscribed and sworn to before me on this ____ day of _____, 20.

Notary Public:

Signature: _____

My Commission Expires: _____

9. ADDITIONAL TERMS (IF ANY):
