**Florida Dog Bill of Sale Form**

**Date of Sale
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)**

**1. PARTIES
This Bill of Sale is made on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ between:**

| **Seller Information:****Full Name:Address:City/State/ZIP: Phone Number:Email:** | **Buyer Information:****Full Name:Address:City/State/ZIP: Phone Number:Email:** |
| --- | --- |

**2. DOG INFORMATION
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Health Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Other Identifying Marks: \_\_\_\_\_\_\_\_\_\_\_\_**

**3. PURCHASE PRICE & PAYMENT
Purchase Price: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Payment Method:**

* **Cash**
* **Cashier's Check**
* **Money Order**
* **PayPal**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. TERMS AND CONDITIONS**

* **As-Is Condition: The dog described above is sold "as is," without any warranties or guarantees, either expressed or implied, including but not limited to any warranty of condition, merchantability, or fitness for a particular purpose. The Buyer acknowledges that they have inspected the dog and accept it in its current condition.**
* **Title and Ownership: The Seller certifies that they are the legal owner of the dog and have the authority to sell it. The Seller further certifies that the dog is free from any liens or encumbrances, except as noted in this Bill of Sale.**
* **Liability: The Buyer agrees to assume all responsibility and liability for the dog upon execution of this Bill of Sale and transfer of possession.**
* **Compliance with Laws: The Buyer agrees to comply with all federal, state, and local laws and regulations regarding the possession, ownership, and care of the dog being purchased.**
* **Vaccinations and Health: The Seller guarantees that the dog has been vaccinated and is in good health to the best of their knowledge. Any health records or documentation will be provided to the Buyer.**

**5. ADDITIONAL TERMS
Any additional terms or special conditions agreed upon by both parties are as follows:**

**6. SIGNATURES
Seller's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Seller's Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Witness Signature:
Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public Acknowledgment
State of Florida
County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On this \_\_\_\_ day of \_\_\_\_\_\_\_, 20, before me personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seller's Name) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Buyer's Name), known to me to be the individuals described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.**

**Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**