

Idaho Horse Bill of Sale Form

Date: _____

1. THE PARTIES:

Seller Information: Full Name: Address: City/State/ZIP: Phone Number: Email:	Buyer Information: Full Name: Address: City/State/ZIP: Phone Number: Email:
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2. HORSE DESCRIPTION:

Provide detailed information about the horse being sold.

- Name: _____
- Breed: _____
- Date of Birth: _____
- Color: _____
- Sex: _____
- Height: _____
- Registration Number (if applicable): _____
- Other Information: _____

3. PURCHASE PRICE:

- Total Purchase Price: \$ _____

4. PAYMENT METHOD:

Specify the payment method agreed upon by both parties.

- Cash
- Check
- Money Order
- Credit Card
- PayPal
- Other: _____

5. HEALTH AND VACCINATION RECORDS:

The Seller confirms that the horse has received the following vaccinations and health checks:

- Vaccination 1: _____ (Date: _____)
- Vaccination 2: _____ (Date: _____)
- Health Check 1: _____ (Date: _____)
- Health Check 2: _____ (Date: _____)

6. COGGINS TEST:

The Seller warrants that the horse has received a negative Coggins test on _____ (Date).

7. REGISTRATION AND OWNERSHIP TRANSFER:

Upon payment in full as described, the Seller agrees to provide the Buyer with any necessary documents to transfer registration and ownership of the horse.

8. AS-IS CONDITION:

The Buyer agrees to purchase the horse "AS IS," with no warranties, either express or implied, made by the Seller. The Buyer acknowledges that they have inspected the horse and accepts it in its current condition. The Seller disclaims any liability for defects in the horse, whether apparent or not.

9. ADDITIONAL TERMS AND CONDITIONS:

Include any additional terms and conditions agreed upon by both parties.

10. SELLER'S DISCLOSURE:

The undersigned Seller affirms that the above information about the horse is accurate to the best of their knowledge and belief. The horse is sold "AS IS," with no warranties, express or implied, except as specifically stated herein.

Seller's Signature: _____ **Date:** _____

Buyer's Signature: _____ **Date:** _____

11. WITNESS INFORMATION (OPTIONAL):

- **Witness Name:** _____
- **Address:** _____
- **City:** _____ **State:** _____ **ZIP:** _____

Witness Signature: _____ **Date:** _____

12. NOTARY ACKNOWLEDGMENT (OPTIONAL):

State of _____

County of _____

On this ____ day of _____, 20, before me personally appeared
_____ (Seller) and _____ (Buyer)
who executed the foregoing instrument and acknowledged it to be their free act
and deed.

Notary Public Signature: _____

My Commission Expires: _____

Notary Seal: