Indiana Dog Bill of Sale Form

Date: _.	(r	nm/dd/yyyy)	
1. SE	LLER DETAILS:		
•	Name:		
•	Address:		
•	City, State, ZIP:	, Indiana,	
•	Contact Number:	Email:	
2. BU	YER DETAILS:		
•	Name:		
•	Address:		
•	City, State, ZIP:	, Indiana,	
•	Contact Number:	Email:	
3. DES	SCRIPTION		
•	Dog's Name:		
•	Breed:		
•	Gender:		
•	Color:		
•	Date of Birth:		
•	Weight:	lbs	
•	Registration Number (if app	olicable):	<u></u>
•	Health Conditions:		

The Buyer agrees to purchase the above	ve-described dog for the amount of
Dollars (\$).
Payment Method (Check one):	
☐ Cash	
□ Personal Check	
☐ Money Order	
Other:	_
5. WARRANTIES	
	cood health and has no known illnesses or conditions. The Buyer agrees to have the days of purchase.
Warranties (Check one):	
The dog is sold as is, with no waThe dog comes with a health gua	arranties, expressed or implied. arantee for a period of days/months.
6. TRANSFER OF OWNERSHIP	
The Seller agrees to transfer all owners	ship and registration papers, if applicable,
to the Buyer upon receipt of full payme	
7. SIGNATURES	
Seller's Printed Name:	Seller's
Signature:	Date:
Buyer's Printed Name:	Buyer's
Signature:	Date:
Witness's Printed Name:	
Witness's Signature:	Date:

Notary Public (if applicable): State of	County of
Sworn to and subscribed before me this day of _	, 20 by
Notary Signature: Commission Expires:	My