

# Maryland Animal Bill of Sale Form

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

## Seller Information:

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Buyer Information:

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Description of Animal:

- Type of Animal: \_\_\_\_\_
- Breed: \_\_\_\_\_
- Color: \_\_\_\_\_
- Age: \_\_\_\_\_
- Sex: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Identification Marks: \_\_\_\_\_
- Registration Number (if applicable): \_\_\_\_\_

## Purchase Price:

- Total Sale Price: \$ \_\_\_\_\_

**Health and Vaccination Details:**

- **Current Health Status:** \_\_\_\_\_
- **Vaccinations Given:** \_\_\_\_\_
- **Next Due Vaccination:** \_\_\_\_\_
- **Veterinarian's Name:** \_\_\_\_\_
- **Veterinarian's Contact:** \_\_\_\_\_

**Acknowledgment:**

The undersigned Buyer acknowledges receipt of the above-described animal in good health and condition, unless otherwise stated in this document. The Seller certifies that the information provided herein is accurate to the best of their knowledge.

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

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

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