Maryland Dog Bill of Sale Form

I. Date and Parties	
This Bill of Sale made this day of, 20 between:	
Seller's Name:	
Address:	
City, State, Zip Code:	
Phone Number:	
Email Address:	
Buyer's Name:	
Address:	
City, State, Zip Code:	_
Phone Number:	
Email Address:	
. Dog Description ■ Name:	
Breed:Date of Birth:	
Gender:	
Color/Markings:	
Microchip Number (if applicable):	
Registration Number (if applicable):	
B. Purchase Price and Terms	
Total Purchase Price: \$	
Payment Method:	
☐ Cash	

	□ Check
	☐ Credit Card
	☐ Other:
•	Deposit Amount: \$ (if applicable)
•	Balance Due: \$ (if applicable)
•	Payment Due Date:
4. Hea	Ith Information
•	Health Condition:
•	Vaccination Record: (Attach vaccination certificate if available)
	 Vaccine 1:
	 Vaccine 2:
	 Vaccine 3:
•	Veterinarian's Name:
•	Address:
•	Phone Number:
•	Email Address:
•	Last Examination Date:
5. Rep	resentations and Warranties
•	The Seller represents that the dog is in good health and has received the
	vaccinations and treatments listed above.
•	The Buyer acknowledges that they have inspected the dog and accept it in
	its current state.
6. Sell	er's Disclosure
•	The dog has no known health issues except as disclosed here:
	

7. Buyer's Agreement

•	The Buyer agrees to provide a loving and caring home for the dog and to
	take responsibility for its well-being.

8. Signatures

By signing below, both parties agree to the terms and conditions outlined in this Maryland Dog Bill of Sale Form.

•	Seller's Signature:	Date:
•	Seller's Printed Name:	
•	Buyer's Signature:	Date:
•	Buyer's Printed Name:	