



Beshara Kennels

14797 SE 95th St. White Springs, FL 32096

www.Besharakennels.com

Contract And Bill of Sale / Health Guarantee

Owners Name : _____

Address : _____ City : _____

State: _____ Zip Code : _____ Email : _____

Home Phone : _____ Cell Phone : _____

Shipped To Airport: _____

For The Purchase Of The Following Doberman Pinscher:

Puppy ID # : _____

AKC Registration # : _____

Sire Name & AKC # : _____

Dam Name & AKC # : _____

Sex : F / M Color : _____ Date Of Birth ___/___/___

Purchase Price : \$ _____

Shipping Charges: \$ _____

Deposit Paid: \$ _____

Balance: \$ _____ (To be paid before delivery or pick up)

Date : ___/___/___ Registration: Full _____ Limited _____

Buyer agrees to have his/her puppy examined by a licensed veterinarian of their choice within (3) Three Business days of purchase (receiving) and to have the veterinary examination Report completed by the attending veterinarian. The report must be returned to seller immediately following the examination. Failure to return written report within 24 hours of exam invalidates this contract. this report may be emailed to besharakennels@icloud.com If your puppy in the opinion of the veterinarian has any physical problems considered to be life threatening , i will provide you with a healthy replacement puppy of equal value. if there are no puppies available , one will be provided from the next available litter whelped. if a buyer chooses a puppy of greater value then he/she will be responsible of the cost difference. to make a claim you must return your puppy to us within 5 days of purchase. Also, provide a signed statement from the veterinarian providing date of examination and explanation as to why the puppy is a poor health risk. the statement must include a description of the symptoms supporting the opinions. there will be no refund on shipping charges miscellaneous charges necessary for transportation of puppy to/from this location.

Note: There is no Guarantee against coccidiosis, parasites, elongated soft pallet, and viral or bacterial infections.

Buyer Signature : _____ Date : ___/___/___

Sellers Signature : _____ Date : ___/___/___