

Kingseed Kennel Puppy Contract

Litter from: *Sire:* _____ *Dam:* _____

(Circle one) Male Female
Color desired
(Circle one) Black Yellow Chocolate

I have enclosed a deposit of \$ _____ for a puppy from the litter listed above. The balance will be paid when the puppy is picked up. I was informed that my deposit is non-refundable. The only reason for refund will be if the puppy of my choice is not born. Kingseed Kennels will notify me within 2 days of whelping. I will be informed of the number of pups, sex and color. If I need my pup shipped, all expenses will be my responsibility. This commonly includes a health certificate, a crate and shipping charges.

I understand my puppy is to be sent home 49 days after birth. My puppy will be de-wormed, be up to date on vaccinations and will have dewclaws removed. My pup will be introduced to a crate, birds, water and socialized.

Kingseed Kennel – Health Guarantee

All Kingseed puppy's come with a hip, elbow and eye guarantee. OFA will be the sole authority for determining genetic hip problems. C.E.R.F. will be the sole authority to determine genetic eye problems. All dogs will need to be x-rayed and certified between the ages of 24 – 26 months and eyes examined and certified by a board certified canine ophthalmologist before it reaches the age of 26 months.

In order for this guarantee to be honored:

- Your dog must be registered with the AKC and you must use the word Kingseed as a prefix to your dogs Registered name. For example "Kingseed's Motor City Bad Boy" or Kingseed's Sammy Girl"
- X-ray requirements must be met and proof of OFA results must be provided.
- Eyes C.E.R.F. and proof of results provided.
- The dog must not have been bred or sold.
- Proof that your dog has been neutered or spayed, this should include a microchip number.

If the above requirements are met and a problem does exist, Kingseed will replace your dog with a pup from a like breeding. If you choose to get a pup from a more expensive breeding, you will pay the cost difference between the two pups.

Name _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Phone: Home () _____ - _____ Cell () _____ - _____

Signature _____ Date _____