



Pheasant Bonanza Hunt Club & Kennel

3097 County Road O

Tekamah, NE 68061

888.366.HUNT or 402.374.1765

www.pheasantbonanza.com

Bill of Sale and Conditions on Guarantee of Animal

Breeder guarantees the dog for any hereditary conditions, which may arise as outlined below.

1. If the dog is diagnosed by OFA as being moderately or severely dysplastic on or before 26 months of age. In case of dysplasia, you must submit a copy of x-ray and OFA report to breeder. Dog must be genetically dysplastic. Guarantee does not apply to a dog that can not receive an OFA number due to injury or nutritional deficiency.
2. If the dog is diagnosed by a qualified veterinary ophthalmologist as having Progressive Retinal Atrophy (PRA) or Central Progressive Retinal Atrophy on or before 26 months of age, you must submit a copy of this report to breeder.
3. Animals used for breeding prior to exam are not guaranteed.
4. If the dog is found to be defective or dysplastic as described above – then to qualify for a replacement or refund:
 - a. The defective dog must be euthanized by your veterinarian and a letter stating that he has done so must be sent to the breeder, or;
 - b. The dog must be sterilized in a manner preferred by your veterinarian and a letter stating that he had done so must be sent to breeder, and;
 - c. The dog’s registration certificate must be returned, signing ownership of dog back to breeder.
5. The breeder has the option of refunding the Buyer’s money of the original cost, or replacement will be of a comparable breeding.

I have read the above conditions and agree to abide by them in the event of receiving a puppy with defective hips or eyes.

Buyer’s Signature _____ Breeder’s Signature _____

Date _____

Date _____

AKC Certificate is attached _____ Will be sent when available _____

*******BREEDING INFORMATION*******

Sire of Litter _____ AKC # _____

Dam of Litter _____ AKC # _____

Date of Birth _____ Sex _____ Color _____ Purchase Price _____

Date of First Shots _____ Dates of Worming _____

Buyer’s Name _____ Telephone # _____

Address _____ City _____ State _____ Zipcode _____