

I agree to purchase this (male, female) Cairn Terrier puppy referred to as _____, AKC registration no. _____ for the amount of _____.

I understand and will abide by the following conditions of this sale:

1. Please have your veterinarian check out this puppy as soon as possible. My veterinarian could have overlooked a problem. **If a medical problem exists a full refund or replacement will be given upon returning the puppy within 7 days.** If a problem does exist and you decide not to return the puppy you will be responsible for all vet bills incurred. A partial refund may be given as I see fit if you are willing to keep a special-needs puppy.
2. Within two weeks of purchasing the puppy you decide you cannot provide the necessary care, return it in good health and receive a refund minus \$50.00 for extra expense. You will be responsible for shipping expenses. If at any time you feel you cannot keep this puppy, please contact me and I will take the puppy or dog back in order to find it a new home. I do not want any of my puppies to go to an animal shelter, research lab, or rescue facility.
3. This puppy will be guaranteed for 2 years for life-threatening hereditary conditions. If a condition does occur a replacement will be given upon return of the puppy. If the puppy is kept, all vet bills will be the responsibility of the Buyer.
4. If the puppy dies within 2 weeks of Parvo, Distemper or other diseases preventable by vaccines, a replacement will be given after a period of sufficient time to rid the premises of the disease. There must be proof that the puppy has had all vaccines and vaccine series completed. An autopsy done by my vet must be given for proof of disease.
5. This Breeder has done everything possible to produce healthy sound puppies by raising the puppies in the best way possible in regards to diet, exercise, socialization and veterinary care. This puppy must be given follow-up shots for full immunity and also wormed regularly. A premium food such as Black Gold, Science Diet, Iams, Bil-Jac, PMI, Royal Canin or other must be fed. Table-scrap are strongly discouraged.
6. If a sudden death occurs, an autopsy must be done by my vet to determine the cause of death. If due to a health problem, a replacement pup of equal value will be given. Shipping expenses will be shared. If there is no apparent cause of death and I feel the owners are in no way to blame I will still send a replacement but they will be responsible for the shipping expenses. I will not be responsible for ailments resulting from second hand smoke, obesity, or lack of proper vet care including regular vaccinations.
7. Make sure you can accept the responsibility of this puppy as deposits are non-refundable unless I feel the pup you picked did not turn out as expected. Full payment including all other expenses must be received by the time the puppy is 12 weeks of age or the deposit will be forfeited and the puppy will be resold. All expenses must be paid in full and received by seller prior to shipping the puppy.

I have read the above conditions and will abide by them.

Name: _____

Address: _____

Email Address _____

Phone no. _____

Signature Of Buyer _____

Seller Contact Information:

Name: Cheryl Nims

Address: 190 SE 45th Road
Lamar, MO 64759

Email Address: CMJCairns@gmail.com

Phone no. 417 214-7424

Signature of Seller _____