

# BILL OF SALE

# HORSE/EQUINE

In the State of: Indiana County: \_\_\_\_\_

### Equine and Seller Information:

I, \_\_\_\_\_ (Seller Name) of, \_\_\_\_\_ (Street),  
\_\_\_\_\_ (City, State, Zip code) hereby certify that I am the lawful owner of this equine:

Name \_\_\_\_\_ Breed \_\_\_\_\_ Gender \_\_\_\_\_

Registration Number \_\_\_\_\_ DOB \_\_\_\_\_ Color \_\_\_\_\_

Description \_\_\_\_\_

### Buyer and Sale Information:

I hereby, and with full authority, transfer ownership of the above equine to \_\_\_\_\_ (Buyer Name) of  
\_\_\_\_\_ (Street), \_\_\_\_\_ (City, State, Zip code), in  
exchange for payment of \$ \_\_\_\_\_, or \_\_\_\_\_ Dollars  
on \_\_\_\_\_ (Date).

### Additional Agreements:

The buyer and seller agree to complete / not to complete (circle one) a health assessment on the equine listed above. The assessment will be paid for by the buyer / seller (circle one) and will be completed by \_\_\_\_\_ (Date).

Additional Conditions of Health Assessment (if any) \_\_\_\_\_  
\_\_\_\_\_

### Signatures:

\_\_\_\_\_  
Seller Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Witness 1 Signature \_\_\_\_\_

\_\_\_\_\_  
Witness 2 Signature \_\_\_\_\_

\_\_\_\_\_  
Witness 1 Address \_\_\_\_\_

\_\_\_\_\_  
Witness 2 Address \_\_\_\_\_

**(or)**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature \_\_\_\_\_ My Commission Expires: \_\_\_\_\_