

BILL OF SALE

HORSE/EQUINE

In the State of: Rhode Island 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: _____