MICHIGAN PUPPY.COM
DBA PINEGROVE KENNELS LLC.
PO BOX 54
HERSEY, MI 49639
PH. 1-989-424-1449

Scan QR code to visit our website!

This agreement is dated Day Puppy was adopted and is between the Breeder and the Buyer as named below:

Buyer: Your Name State ID#: Your state ID or Drivers license number

Address: Your address

City: Your City State: Your State Zip: Your zip code

Email Address: Your email address Phone: Your phone number

The Buyer agrees to obtain from the Breeder:

Breed: Breed of Puppy Male: Female: Color: Puppy's Color

ID Number: Puppy's Micro-chip No. Date of Birth: Puppy's Date of Birth

Sire: Puppy's Father's name Dame: Puppy's Mother's name

Amount: $ + Tax: $ 0.00 + Shipping: $ -Deposit: $ =Balance Due: $ 0.00

Paid via: Cash or Credit card Last 4 or Check Nbr. credit card or Cash Payment is In Full

Health Guarantee: The Breeder guarantees that upon purchase, the puppy is in good health and has been immunized and wormed according to the accompanying health record. We encourage you to take your puppy to a veterinarian (at your cost) after you receive your puppy as we do have a 72 hour replacement policy if for some reason it is found to have a major health problem as diagnosed in writing by a licensed veterinarian (DVM), however any minor conditions that are easily correctable and will go away is not covered by our replacement policy.
1 Year Guarantee Health Warranty: We do try to ensure that your purchase a genetically healthy puppy and if in case your puppy is found to have a genetic disorder (such as hip and elbow dysphasia, pathological spinal disorder, luxating patella and a continuing open fontinel) as diagnosed by a licensed veterinarian within 1 year from purchase. We will exchange your puppy for one of equal value; there are however no warranties against common sicknesses or accidents incurred on your part after the puppy is in your possession. All regular health care maintenance and immunizations are the buyer's responsibility as described below.
Buyers Responsibility: The buyer agrees to take good care of this dog, feeding and housing it properly and maintaining its shots, de-worming, and also give it proper physical, emotional care and welfare. The buyer also assumes all responsibility for any accidents or injuries caused by the misbehavior of the dog after it is in the owner's possession. The death, injury or loss of said dog due to theft, carelessness, recklessness, abuse, neglect, heat stroke or accident will not entitle the buyer to any compensation from the breeder. This dog is warranted only for the purpose of being a companion animal, not for any other purpose or reasons, such as breeding or show, etc.

Special Notes:

This is the entire agreement between the parties and is valid and agreed to by all parties. All parties have read and understood and agreed to this contract in full by signing below.

(Signature of Breeder)	Breeder's Name (Printed Name of Breeder)	Day Puppy was adopted (Date)
(Signature of Buyer)	Your Name (Printed Name of Buyer)	Day Puppy was adopted (Date)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection are 0579-0036 and 0579-0392. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0036 and 0579-0392

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RECORD OF DISPOSITION OF DOGS AND CATS

☑ SALE ☐ EXCHANGE OR TRANSFER ☐ DONATION

1. DATE OF DISPOSITION

2. PAGE **1 OF**

This record is required by law (7 U.S.C. 2131-2156). (9 CFR, Subchapter A, Parts 1, 2, and 3). Failure to maintain this record can result in a suspension or revocation of license and/or imprisonment for not more than 1 year, or a fine of not more than $1,000, or both.

INSTRUCTIONS: Complete applicable items 1 through 8. Original and USDA Copy to be retained by seller.
Buyer's Copy to accompany shipment. It must be retained by Buyer.

3. SELLER OR DONOR *(Name and Address)*

Pinegrove Kennels LLC
PO Box 54
Hersey, MI 49639

4. BUYER OR RECEIVER *(Name and Address)*

Your Name
Your address
Your City Your zip code

3A. DEALER'S LICENSE NUMBER OR RESEARCH FACILITY REGISTRATION NUMBER *(Seller)* 34-A-0218

4A. USDA LICENSE NUMBER OR RESEARCH FACILITY REGISTRATION NUMBER *(If any)*

5. IDENTIFICATION OF EACH ANIMAL BEING DELIVERED *(See reverse for Breed Abbreviations for Dogs and Cats)* *** If mixed breed, list 2 dominant breeds**

A. IDENTIFICATION NUMBER	COMPLETE ITEMS A THROUGH G FOR EACH ANIMAL							
	B. DOG "X" M OR F		C. CAT "X" M OR F		D. AGE OR DATE OF BIRTH	E. WEIGHT	F. BREED OR TYPE *	G. DESCRIPTION OF ANIMAL *(Color, Distinctive Marks, Hair, Tail, Tattoos, etc.)*
Puppy's Micro-chip	M	F	M	F	Puppy's Date of Birth		Breed of Puppy	Puppy's Color
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				
	M	F	M	F				

6. DELIVERY BY *(check one and complete applicable items 7 and 8)*

☐ **COMMERCIAL SHIPPER** ☑ **BUYER'S VEHICLE** ☐ **SELLER'S VEHICLE**

7. NAME AND ADDRESS OF COMPANY OR FIRM *(Include ZIP Code)*

same as 4

8. NAME AND ADDRESS OF TRUCK DRIVER *(Include ZIP Code)*

9. RECEIVED BY	10. SIGNATURE	11. TITLE	12. DATE
Your Name			

PINEGROVE KENNELS LLC.
PO BOX 54
HERSEY, MI 49639
PH. 1-989-424-1449

Microchip Number: Puppy's Micro-chip No.

Breed: Breed of Puppy

Date of Birth: Puppy's Date of Birth

Sire: Puppy's Father's name

Dame: Puppy's Mother's name

Registration Type: ICA

DEWORMING AND VACCINATION SCHEDULE

WEEK NUMBER	TREATMENT	DATE
Week 2	Pyrantel Dewormer	
Week 3	Pyrantel Dewormer	
Week 4	Pyrantel Dewormer	
Week 5	Neo-par Vaccine --- Pyrantel Pamoate Dewormer	
Week 6	Fenbendazole dewormer- Intra Trac 3 --earmite prevention	
Week 7	Neo-par Vaccine----Cocci.prevention/ treatment	
Week 8	Nobivac 5 way DAPPV Vaccine--Giardia prevention/treatment	

SPECIAL TREATMENT or MEDICATION

(SHOT STICKERS)



AH-010 (rev. 1/19)

MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

ANIMAL INDUSTRY DIVISION

P.O. Box 30017, Lansing, MI 48909-8276
Phone: 800-292-3939 Fax: 517-241-1560

Original – Purchaser
Copy - Pet Shop/LDBK
Copy – Issuing Veterinarian

In accordance with Act 287, PA 1969 as amended

This is ***not*** an Official Interstate Certificate of Veterinary Inspection (ICVI). This Certificate is valid for **30 days** after the veterinarian examination date.

MICHIGAN PET HEALTH CERTIFICATE

Each pet shop or large-scale dog breeding kennel shall not sell, exchange, transfer, or deliver a dog, cat, or ferret without providing to the purchaser a valid pet health certificate for each animal. This Michigan Pet Health Certificate is only valid for **30 days** after the date the animal was examined by the veterinarian who signed the certificate.

Pet Shop or Large-Scale Dog Breeding Kennel Information

Full Legal Name of the above Business:	Contact Person:	Title:
Pinegrove Kennels LLC	Herman	Owner
Physical Address (P.O. Boxes are not accepted):	**City:**	**Zip code:**
16905 Road	Hersey	49639
County:	**Business Phone:**	**Business Email:**
Osceola	231-832-3359	
Mailing address if different from above, Street or P.O. Box:	**City:** / **State:**	**Zip code:**
PO Box 54	Hersey / MI	49639

Animal Information

Animal Identification (check/fill in all identification (ID) the animal has):

Name: Microchip #: Puppy's Micro-chip No. Tattoo #: Other ID #:

Animal Species:	Breed(s):	Sex:
Canine	Breed of Puppy	Male Female Intact? Y N
Color(s):	**Age: (weeks, months, years/Date of Birth)**	**Approximate Weight:**
Puppy's Color	weeks months yrs Date of Birth: Puppy's Date	

Examining Veterinarian Information for This Animal

Medical conditions (list):

☒ None known

Vaccination(s) and medical treatment(s) received by this animal while under the control of this Pet Shop or Large-Scale Dog Breeding Kennel, if known, are listed below:

☒ None known

Vaccinated Against	Date(s)	Product Name	Vaccine Manufacturer

Treatment Administered	Date(s)	Product/Drug Administered	Why Administered

☐ Additional vaccinations/treatments for this animal are listed on page 2. By signing below I certify that the foregoing is true and accurate to the best of my knowledge and belief. I hereby certify that I have examined this animal on this date and at the time of the preparation of this certificate; I found this animal free from visual evidence of communicable disease.

Signature of Examining Veterinarian:	Examination Date:	Michigan Veterinarian License No:
		6901011549
Printed Name of Examining Veterinarian:	**Veterinary Practice Business Name (if applicable):**	
Audrey Lownsberry	Country Vet Service	
Practice Address:	**City:** / **State:**	**Zip code:**
11770 East US 10	Reed City / MI	49677
County:	**Business Phone:**	**Business Email:**
Lake	1-231-832-3680	

Purchaser Information

Name of Individual/Business/Organization:	For business/organization, the person taking receipt of this animal on their behalf:	
Your Name		
Individual/Business/Organization Address:	**City:** / **State:**	**Zip code:**
Your address	Your City /	Your zip code
Phone:	**Date of Purchase:**	**Email:**
Your phone number		
Signature of Purchaser or Business/Organization representative:	**Title of Business/Organization representative:**	

THIS CERTIFICATE EXPIRES 30 DAYS AFTER THE VETERINARIAN EXAMINATION DATE

Flatten & Submit

If additional vaccinations and/or treatments were administered, please check box above, and continue by using page 2 of this form