

Please sign and return this agreement within two weeks to: Sunrise Maltese, PO Box 77, Wolcott IN, 47995 to complete your puppy's health guarantee.

Sunrise Maltese
Purchase Agreement
(Supplement to Guarantee and Conditions)

Puppy ID _____

Breed Maltese _____

Dame _____

Gender _____

Birth date _____

Registration Number _____

Price _____

This puppy has been dewormed with Pyrantel 50 and/or Panacur weekly. This puppy has also been vaccinated with:

Duramune Max 5 _____

(Canine Distemper, Adenovirus Type 2, Parainfluenza, Parvo MLV)

I have read and agree to the Sunshine Acres Guarantee and Conditions. I have also read and understand the New Puppy Care Sheet.

Purchaser's Signature _____ Date _____

Purchaser's Name & Address-Please Print

_____ Email address: _____

Phone Number _____

Breeder _____ Date _____