**Release of Liability**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, release Stacey Davenport/Pig Pen Hill Mini Pigs, here by known as seller/breeder, from any medical liability pertaining to pig(s) described below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microchip #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color/Marking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pig described above was seen by our attending veterinarian on \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ for spay / neuter.

Buyer Agrees:

* He/she was given the option to allow my breeder to hold above listed pig(s) to have staples/stitches removed before gaining ownership for an additional fee of $50.00. \_\_\_\_\_\_\_\_\_\_\_(buyer’s initials)
* By choosing to take ownership before stitches/staples were removed, he/she waives the right to pursue any liability that occurs pertaining to procedure mentioned above. I agree that surgical site is clean with no signs of infection; including but not limited to any drainage, redness, swelling, and/or foul odor. \_\_\_\_\_\_\_\_\_\_(buyer’s initials)

|  |  |
| --- | --- |
| Pig Pen Hill Mini Pigs  16124 Linton Rd.  Cadiz, Kentucky 42211  270-350-7371  pigpenhill.minipigs@gmail.com  www.pigpenhillminipigs.com |  |

By signing this document I agree to see my personal veterinarian for an initial vet visit as well as have staples/stitches removed in a timely manner. I also take sole responsibility for any and all expenses occurring after I have left breeder’s property.

Buyer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_