



**DIXIE PUGS OF TENNESSEE**  
**FINAL PUPPY PURCHASE AGREEMENT**

This Puppy Purchase Agreement (“Agreement”) is entered into on this **1st day of May, 2026**, between:

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**Breeder:**

Catherine E. Kyle  
Owner/Breeder – Dixie Pugs of Tennessee (AKC DixieDarlings)  
850 Sand Ridge Bargerton Rd.  
Lexington, TN 38351  
 dixiepugsoftn@gmail.com  
 615-887-4299

and

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**Family:**

Name:  
Address:  
Phone:  
Email:

Breeder and Family are collectively referred to as the “Parties.”

**Puppy Information**

The Family agrees to purchase, and the Breeder agrees to sell, one (1) Pug puppy as follows:

- Sex:
- Color: Fawn
- Date of Birth:
- AKC Registration: Limited (unless otherwise agreed in writing)
- AKC Registration Number:
- Microchip Number:

Call Name:  
Collar:  
AKC Registered Name:

Sire:  
Dam:

This puppy is bred and raised by Dixie Pugs of Tennessee in Lexington, Tennessee.

## Purchase Price & Payments

Total Puppy Price: \$

- Waiting List Deposit: \$
- Hold Deposit: \$
- Transportation Fee (if applicable): \$
- Extended Boarding Fee (if applicable): \$

Balance Due: \$

(Due at pickup or one (1) day prior to delivery, if applicable)

The purchase price is determined by the Breeder based on the specific litter and is agreed upon prior to execution of this Agreement.

Full payment must be received prior to release or delivery of the puppy.

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## Purpose of Sale & Registration

This puppy is sold as a companion animal only, unless otherwise agreed to in writing.

This puppy is not sold under co-ownership. Breeding rights, if any, are granted only by separate written agreement and at the sole discretion of the Breeder. DixieDarlings assumes no responsibility for genetic outcomes of any future breeding.

This puppy may never be used for illegal, immoral, unethical, or commercial breeding purposes, including puppy mills or mass-producing operations.

Family Initials (Required): \_\_\_\_\_

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## Health Guarantee

The Breeder certifies that the puppy is in good health at the time of transfer and has received age-appropriate vaccinations and deworming per the accompanying health record.

The next vaccination is due on or after \_\_\_\_\_.

Family Initials (Required): \_\_\_\_\_

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## Veterinary Health Certificate

All puppies are examined by a licensed veterinarian prior to placement and will be accompanied by an official veterinary health certificate.

Any conditions observed at the time of examination, including minor or commonly correctable conditions (such as small umbilical hernias, mild stenotic nares, or other non-life-limiting findings), will be clearly disclosed on the health certificate.

The Family acknowledges that such disclosed conditions have been reviewed and accepted at the time of purchase and are not covered under the Health Guarantee.

The Family's acceptance of the puppy constitutes acknowledgment of these disclosed findings.

Family Initials (Required): \_\_\_\_\_

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### **Veterinary Examination & Proof of Visit**

The puppy has received its first vaccinations. The Family agrees to have the puppy examined by a licensed veterinarian within three (3) business days of the pickup date, which is:

**Pickup Date:**

Proof of this veterinary examination must be provided to the Breeder no later than: **Date:**

Proof may be sent by email or U.S. Postal Service mail.

If proof is emailed, it is the Family's responsibility to ensure the documentation is successfully received and readable by the Breeder. If the emailed copy cannot be printed or reviewed, a hard copy must be mailed via U.S. Postal Service.

Failure to complete this examination or provide proof within the required timeframe will void the Health Guarantee.

Family Initials (Required): \_\_\_\_\_

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### **Veterinary Coordination**

The Breeder supports collaboration between the Family and their licensed veterinarian. All routine health decisions, including vaccination timing and preventative care, shall be made in coordination with breeder guidance and veterinary recommendations.

If a health concern arises that may impact the Health Guarantee, the Family agrees to notify the Breeder promptly and provide veterinary documentation. The Breeder reserves the right to consult with or request a second opinion from a licensed veterinarian of the Breeder's choosing, at the Breeder's expense.

We test all our breeding lines for PDE, PKD, DM, and PLL. As new genetic tests become available, we continue to expand testing.

## Exclusions

The Family understands that Pugs are predisposed to breed-related traits and conditions including respiratory sounds, allergies, skin sensitivities, eye issues, luxating patella, hernias, digestive sensitivities, and shedding. These are not covered under this Health Guarantee.

Parasites, environmental exposure, accidents, neglect, heat-related illness, or conditions arising after transfer of care are excluded.

Family Initials (Required): \_\_\_\_\_

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## Genetic Conditions

If within one (1) year of purchase the puppy is diagnosed with a life-limiting, untreatable genetic condition, the Family must notify the Breeder promptly and provide complete veterinary documentation.

The condition must be confirmed by:

1. The Family's licensed veterinarian, and
2. A licensed veterinarian of the Breeder's choosing

Both veterinarians shall communicate directly regarding their findings. The Breeder reserves the right to request evaluation by a third qualified veterinarian or specialist if deemed necessary.

In the event of the puppy's death related to a suspected genetic condition, a full necropsy must be performed by a licensed veterinarian. The necropsy report must be provided to the Breeder and reviewed by both the Family's veterinarian and the Breeder's veterinarian to determine cause of death.

If a qualifying genetic condition is confirmed through the above process, the Breeder will provide a replacement puppy from the next available litter.


Failure to complete the above verification process will render the Health Guarantee null and void.

No monetary refunds will be issued under any circumstances. The remedies outlined in this section are the sole and exclusive remedies available to the Family.

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## Nutrition & Immune Support

This Health Guarantee is contingent upon the puppy receiving NuVet Plus® as directed. Failure to comply will render the Health Guarantee null and void.

 800-474-7044

 Order Code: 72705

 [www.nuvet.com/72705](http://www.nuvet.com/72705)

Family Initials (Required): \_\_\_\_\_

## **Family Responsibilities**

The Family agrees to:

- Maintain appropriate nutrition, veterinary care, and parasite prevention
- Avoid sudden food changes; current food is Purina Pro Plan All Stages Lamb & Rice – Small Bites
- Avoid public dog areas until the vaccination series is complete
- Follow breeder guidance alongside veterinary recommendations
- Provide a safe, humane environment

Neglect or unsafe conditions grant the Breeder the right to reclaim the dog without refund.

Family Initials (Required): \_\_\_\_\_

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## **Spay / Neuter Requirement**

All puppies sold with Limited AKC Registration must be spayed or neutered between 12–24 months.

Family Initials (Required): \_\_\_\_\_

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## **Naming Requirement**

The puppy's AKC registered name has been assigned by the Breeder in accordance with DixieDarlings naming conventions and litter themes.

The registered name must retain the "DixieDarlings" prefix and may not be altered without written approval.

The Family may choose a call name for everyday use.

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## **No Refunds / Payment Terms / Limitation of Liability**

All payments made under this Agreement are non-refundable, except as expressly provided under the Health Guarantee.

The remedies outlined in the Health Guarantee are the sole and exclusive remedies available. No monetary refunds will be issued.

Any exception is at the Breeder's sole discretion and does not establish precedent.

The Breeder is not liable for incidental or consequential damages.

Family Initials (Required): \_\_\_\_\_

## **Entire Agreement**

This Agreement constitutes the entire understanding between the Parties and supersedes all prior discussions or representations. Electronic signatures are valid.

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## Severability Clause

If any provision of this Agreement is found to be invalid, illegal, or unenforceable by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. The invalid provision shall be modified only to the extent necessary to preserve the original intent of the Parties.

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## Signatures

Family Signature: \_\_\_\_\_

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

Breeder Signature: \_\_\_\_\_

Catherine E. Kyle