



**MAILING ADDRESS:**  
PO Box 10724  
Lancaster, PA 17605-0724  
Ph: 717-615-9222

## BILL OF SALE

This agreement is made the \_\_\_\_\_ day of \_\_\_\_\_, 2011 by and between Lancaster County Therapeutic Riding, Inc. d/b/a Greystone Manor Therapeutic Riding Center (Seller) and \_\_\_\_\_ (Buyer).

The parties hereby acknowledge that this agreement is made for the purchase and sale of a horse described below.

### Description of Horse

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Breed: \_\_\_\_\_ Size: \_\_\_\_\_

Terms:

It is understood that Greystone Manor Therapeutic Riding Center, its board members, staff and/or volunteers will no longer be responsible for the care/upkeep of the above mentioned horse as of the date of this bill of sale.

### Consideration

In consideration of the total sum of \$ \_\_\_\_\_ SELLER agrees to sell and BUYER agrees to buy the said horse described above.

DISCLAIMER. SELLER MAKES NO REPRESENTATIONS OR WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, WITH RESPECT TO THE HEALTH, PHYSICAL CONDITION OR SOUNDNESS OF THE HORSE, ITS BREEDING SOUNDNESS, FERTILITY OR ANY OTHER MATTER AND, IN PARTICULAR, SELLER MAKES NO EXPRESS OR IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND SPECIFICALLY DISCLAIMS SAME. HORSE IS SOLD "AS IS".

**SELLER:** (for Greystone Manor Therapeutic Riding Center)

\_\_\_\_\_  
(Print Name) (Signature) Date: \_\_\_\_\_

**BUYER:**

\_\_\_\_\_  
(Print Name) (Signature) Date: \_\_\_\_\_

**BUYER ADDRESS:**

\_\_\_\_\_  
(Street/PO Box) Phone: \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip) Email: \_\_\_\_\_