CONTRACT OF SALE

SECTION 1 - Dog Details

Kennel Club Registered Name of Dog:
Kennel Club Registration Number:
Breed:
Date of Birth:
Sex:
Colour:

This is to confirm that the sale of the dog described above ("the dog") has taken place between:

Purchaser(s)

Full Name:
Address:
Telephone:
Email:

And

Breeder

Full Name:
Address:
Telephone:
Email:

SECTION 2 - Health and Welfare

The Breeder has taken every care with breeding, rearing and the welfare of the dog. The dog is believed to be in good health and it is sold in good faith. The Breeder makes no warranty as to the health and disposition of the dog.

The puppy has been inspected by a practising veterinary surgeon prior to sale and the details of the veterinary surgeon and the outcome of the inspection have been passed to the purchaser.

Or

The puppy has not been inspected by a practising veterinary surgeon prior to sale. The Purchaser is strongly advised to take the dog to the vet, soon after purchase, for a general check and advice on vaccinations and worming and agrees to provide the breeder with details of the veterinary surgeon and the outcome of the inspection.

Every effort has been made to avoid any possible inherited conditions specific to the breed. Parent's screening documents can be seen at any time.. Conditions known/thought to be significant to the Smooth Collie breed at the time of this contract are described at the end of the document. If such a condition develops later in life after satisfactory preliminary examination by your veterinary surgeon, the Breeder cannot be held responsible.

SECTION 3 – Purchaser's right to return the dog in the case of defect

The Purchaser(s) shall have 5 days after date of purchase to have the dog examined at their expense by a practising veterinary surgeon and shall have the right during a period not exceeding 2 days after such examination to return the dog because of a defect on production of a written report from the said veterinary surgeon, at which time the Purchaser(s) will be refunded the full purchase price provided the dog is in the same state of health that it was when sold.

(Where appropriate add: The Purchaser hereby acknowledges that the Breeder has disclosed the following faults or defects in the dog ……)

Should it become necessary, the Purchaser(s) should be aware that the return of a dog can be very difficult, especially emotionally and, having drawn the attention of the Purchaser(s) to this, the Breeder cannot be held responsible for any distress caused by the return of the dog.

SECTION 4 – Potential of the dog

Although any description of the dog as having show or working potential is given in good faith, it is a condition of this sale that no warranty can be given as the ultimate potential of the dog will not be apparent until maturity.

SECTION 5 - Endorsements

Under Kennel Club regulations there are two endorsements that may be placed on a dog's record by the registered owner of the dog, whilst the dog in question is still in their possession. A breeder therefore, is entitled to place two endorsements on a puppy's record with the Kennel Club:
One restricts registration of any of its future offspring (progeny) and the other prevents the issue of an export pedigree.no endorsements have been placed on this dog's record by the Breeder.

This dog is subject to the following Kennel Club endorsements ……..

Endorsements can only be lifted by the person who placed them and that person would need to send a written and signed instruction to this effect to the Kennel Club

or

There are no endorsements placed on the record of this dog. However the Breeder recommends that any dog intended to be used for breeding should be fully screened in accordance with the relevant British Veterinary Association/Kennel Club recommendations.

SECTION 4 – Purchaser's Commitment

The Purchaser(s) agrees that the dog will, at all times, receive the proper care and attention and veterinary care when needed.

Any changes to the Purchaser(s) contact details will be sent in writing to the Breeder for her records without delay.

SECTION 6 – Rehoming of the dog

The Purchaser(s) agree that, if at any stage in the dog's life, the Purchaser(s) has a need to rehome the dog, the Breeder will be the first to be informed and the Purchaser(s) will, if the Breeder requests, return the dog to the Breeder. The Breeder will offer any reasonable assistance to find a new home. Proceeds of sale, minus fee's and advertising costs, if applicable, will be sent to the Purchaser(s) when the dog is successfully rehomed.

***** Under no circumstances is the dog to be rehomed without the Breeder's prior knowledge*****

Date of sale:

Purchase price received by Breeder: £

a) Declaration by Purchaser(s):

I/we confirm that I/we have read and have received full explanation of all the detail and meaning of this contract prior to purchase and I/we fully understand its purpose and reason. I/we also confirm that I/we are purchasing this dog for myself/ourselves and not as agents for a third party.

Signed: Date:

I confirm that I am the Breeder of said dog.

Signed: Date:

HEALTH CONDITIONS RELATED TO SMOOTH COLLIES

Eye Problems:

Collie Eye Anomaly

CEA has been well documented in numerous publications over the years. It is a non-progressive congenital eye disease prevalent in Rough and Smooth Collies, Border Collies, Shetland Sheepdogs, Australian Shepherds and Lancashire Heelers. CEA is an abnormality of the choroid layer of the eye, so is technically referred to as Choroidal Hypoplasia (CH).
It presents itself as a pale patch (due to a localised lack of retinal and choroidal pigment) in the dorso-lateral region of the choroid, near the optic disc. Very occas
hole, is present in the retina. This was originally thought to be CEA in its worst form. More recently, however, veterinary ophthalmologists believe it may be a different disease. Since
CEA was first made public in the 1960's the only way of detecting the disease has been by ophthalmic examination, with dogs being diagnosed as either 'clear' or 'affected' (mild to severe). Abnormalities of the choroid can be diagnosed in puppies as young as six to seven weeks of age.

The majority of Collies with CEA suffer no ill-effects and appear to show no visual defects, neither does the disease progress. In rare cases of CEA the Collie may suffer retinal detachment and in very mild cases clinically 'affected' puppies may 'go normal' before they reach one year of age.

The puppy has been screened for CEA and coloboma and the certificate is enclosed with this pack.

Progressive Retinal Atrophy (PRA) or Retinal Pigment Epithelial Dystrophy (RPED)

RPED, or Centralised PRA, tends to affect British-bred Rough and Smooth Collies. Interestingly, neither Professor Peter Bedford nor the late Dr Keith Barnett have diagnosed any cases of RPED in Rough and Smooth Collies in recent years, albeit the numbers submitted for regular screening have been relatively low.

Although the actual mode of inheritance of RPED is not yet fully understood, it appears to be a non-congenital, multi-factorial, inherited disease. Several gene mutations may be involved, one of which causes the impaired metabolism of 'Tocopherol', an antioxidant found in vitamin E. Improved canine nutrition may well have led to a reduction in cases in recent years, as the incidence of RPED in those dogs tested under the KC/BVA scheme, appears to be less than 0.25%

Opthalmological signs of RPED may be detected in dogs of just over twelve months of age, but it is more usual to make an accurate diagnosis from eighteen months upwards as visual impairment of an affected dog tends to occur in later years. Peripheral vision may be retained for longer and not all dogs go blind. Vision is better in low light conditions, the dog's eyes having dilated pupils and showing poor light reflexes. The slow nature of onset is the reason why breeders are encouraged to have their Collies clinically examined annually, when symptoms of both RPED and GPRA are routinely checked for.

The KC's Accredited Breeder Scheme requires the eyes to be regularly checked, and certainly within eighteen months of registering a litter. Canine Oph
breeds, like Rough and Smooth Collies, have a definite genetic predisposition towards RPED, but unfortunately(or fortunately for us!) there are insufficient confirmed cases to warrant further

research at this stage. Consequen
near future.

MDR1 (Multi-drug resistance)

Smooth Collies are one of the healthiest of dog breeds but it has long been recognised that they in common with a number of herding and hound breeds are particularly sensitive to a range of drugs. Such dogs lead perfectly long, happy and healthy lives as long as they are not given certain drugs which are known to cause a problem by crossing the blood-brain barrier and attacking the nervous system.

The condition is known as Multi Drug Resistance-1 (MDR1). Some vets remain unaware of the problems that some drugs can cause and we together with the Rough Collie Breed Council and its constituent clubs have developed a range of information to make owners, breeders and vets aware of the condition. The problem first came to light in 1983 when several Collies died from Ivermectin poisoning and, since then, the veterinary profession has accepted this drug should never be given to Collies. It used to be prescribed to treat mange and heartworm. More recently a Rough Collie died from eating horse faeces (Ivermectin is commonly used for worming horses and cattle and any excess drug passes out with their faeces), and another Collie may have died from an excess of sedative.

Researchers have since found that approximately 60% of Rough and Smooth Collies appear to be susceptible not only to Ivermectin, but to a wide range of other drug substances. The MDR1 (multi-drug resistant) gene is responsible for enabling the body's blood-brain barrier to function normally. In healthy dogs the brain and central nervous system are protected by the 'blood-brain barrier', which prevents high drug concentration from circulating in the blood stream. -affected dogs in the MDR1 function of the blood-brain barrier is compromised allowing certain drug compounds to leak into major organs like the liver, or into the central nervous system, causing toxic reactions and even death. Symptoms include excessive salivation, ataxia, blindness, coma, and respiratory problems.

An **MDR1 Normal dog** (+/+) receives a healthy MDR1 gene from each of its parents and can therefore only pass on healthy genes to its offspring. The healthy + genes are dominant and such animals do not exhibit drug toxicity.

A 'Carrier' (+/-) is a dog that has received a normal [dominant] MDR1 gene from one of its parents, and a defective gene [recessive] from the other parent which is 'carried' by the dominant + gene. Please bear in mind that a carrier can pass either a normal or a defective genes onto its offspring resulting in approximately 50% of the puppies inheriting a defective MDR1 gene. Theoretically the 'carrier' animal should not be susceptible to drug toxicity but unfortunately the dominance of the MDR1 + gene has been found to be incomplete as some 'carrier' animals also appear to be susceptible to high doses of those drugs that cause problems in MDR1-affected dogs, that is, those with two defective MDR1 genes (-/-).

An Affected dog (-/-) receives a defective or mutant MDR1 gene from both its parents, so such dogs are double recessive and will display toxic reactions to a wide range of drug compounds (see list below). In 2007 a genetic test was made available for MDR1 and so it is extremely important that breeders try and use Normal (+/+) dogs in their breeding programmes so as to eliminate the defective MDR1 genes as soon as possible. At a Rough Collie Breed Council seminar in February 2011, speakers Simon Tappin and Jeff Sampson told delegates that breeders must strive to eradicate the condition wherever possible but that this would in all probability take 30 years. They recognised that the condition can be controlled by proper management and breeders need not exclude affected dogs from their breeding programmes.

This common sense approach was welcomed by Smooth Collie delegates - our small gene pool means that if we were to exclude affected dogs from breeding plans, breed type would very quickly be lost. If your Collie is MDR1 -affected (-/-) or carrier (+/-) you could be in a position to save its life by providing your veterinary surgeon with a copy of its MDR1 Certificate and the list of drug compounds that your Collie should never be given. Of those vets who have already been asked to put MDR1 test results onto a Collie's records, all have been aware of the Ivermectin problem but have had no idea about the broad spectrum of drug compounds that can severely threaten an MDR1-affected dog. Please note there are usually alternative, safe drugs your Collie could be given instead. The table compounds: Class A includes substances that have been proven to pass through the blood-brain barrier in MDR1-affected dogs and cause problems; Class B lists substances which have shown interactions in animal tests, whereas Class C substances can be given without problems, even to affected dogs:

Class A	DO NOT USE in dogs with MDR1 defect (-/-) *Affected dogs carry two mutant MDR1 genes and can therefore only pass on a mutant gene to their offspring. Affected dogs **will** experience drug toxicity following normal doses of certain drugs, listed here*	**Anti-Parasitic Drugs** Ivermectine substances: Diapec®, Ecomectin®, Equimax®,Eqvalan®, Ivomec®, Noromectin®, Paramectin®, Qualimec®, Sumex® & Virbamec® Doramectine substances: Dectomax® Moxidectine substances: Cydectin® & Equest® the above drugs in animal products - milk, cows, sheep, pigs & salmon). Loperamide substances: Immodium® [anti-diarrhoeal] Metronidazole substances: Flagyl
Class B	Interactions have been shown. Use only under close supervision of your vet	Cytostatics:(Cancer treatment) Vinblastine, Doxorubicine, Paclitaxel, Docetaxel, Methotrexat & Vincristine Glucocorticoids (Steroids commonly used to treat auto-immune diseases): Dexamethason Immuno-suppressives: Cyclosporine A Heart glycosides: Digoxine & Methyldigoxine Antiarrhythmics: Verapamil, Diltiazem & Chinidine [Heart problems] Pain control: Morphine & Butorphenol Anti-emetics: Metoclopramide, Ondansetron & Domperidon [sickness/vomiting] Antibiotics: Sparfloxacin, Grepafloxacin; Erythromycin Antihistamines: Ebastin Tranquillisers & pre-

		anaesthetic agents: Acepromazine Analgesic & pre-anaesthetic agent: Butorphanol Other drugs; Etoposide; Mitoxantrone; Ondansetron; Paclitaxel;Rifampicin.
Class C	Can be used	Stronghold®, Advocate® & Milbemax® can be used safely, but only in the recommended application form and dosage.
***In dogs with an MDR1 mutant gene [-], Acepromazine and Butorphanol tend to cause deeper and more prolonged sedation. Vets are recommended to reduce the dosage by 25% in MDR1 carriers [+/-] and by 30 -50% in MDR1 affected dogs [-/-]**		

Your puppy has been DNA tested and the results are enclosed with this document in addition to a prepared letter to give to your veterinary surgeon so that this can be added to your dog's record at the surgery. (***remove this paragraph if not relevant***)