



NOTICE OF LEASE AGREEMENT

For a lease of a horse to be recognized by the Registry, written notice of its existence must be filed with the Registry in a timely manner, signed by both lessor and lessee, with all applicable fees. The notice must provide the effective date of lease and may provide a termination date. Otherwise, it may be terminated by written notice, giving termination date, signed by both lessor and lessee.

1. Checking the box marked "Breeding" in the Purpose of Notice section below, authorizes lessee to execute all documents pertaining to the recognized activities of breeding, regardless of any limitation in the actual lease agreement. **Enforcement against the lessee of limitation on use of the horse is solely the responsibility of the lessor.**
2. A current American Saddlebred Horse Association member may transact business with the Registry. A non-member of the American Saddlebred Horse Association may transact business with the Registry upon payment of a \$50 non-member transaction fee per Registry transaction.

This is not a contract. This is a reporting of information only.

Print in ink or type only

The registered American Saddlebred horse named _____
Registration # _____, a ☐ mare ☐ stallion ☐ gelding, has been leased to:
Lessee _____ ASHA Member # _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____ Email _____
☐ Check here if this is a new address.

IMPORTANT:

Exact beginning date ____/____/____ until further notice unless ending date is provided here ____/____/____.

☐ Check if this is a breeding lease.

If lease is for showing purposes only, a Certificate of Eligibility To Show Form must be completed instead.

Lessor/Owner _____ ASHA Member # _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____

SIGNATURES:

Lessee(s) _____ Date ____/____/____
Print Name _____
Lessee(s) _____ Date ____/____/____
Print Name _____
Lessor/Owner _____ Date ____/____/____
Print Name _____

Total Fees Due \$25

Method of Payment (please check): ☐ Check ☐ VISA ☐ MasterCard Total: \$ _____
Credit Card #: _____ Expiration Date ____/____/____
CCV Code: _____ Signature: _____ Print Name: _____ Zip Code: _____

Please make check for membership fee to ASHA and all other fees to ASR.

Please return payment and completed form to:

American Saddlebred Registry, 4083 Iron Works Parkway, Lexington, KY 40511 or fax to: (859) 259-1628.

QUESTIONS?: (859) 259-2742 . FAX (859) 259-1628 . saddlebred@asha.net . www.saddlebred.com