



**Equine Registries
Lease Record File Form**

Date: _____

Registered Name of Equine: _____

Registration #: _____

Lessor Name (Print - Owner of Record): _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Email: _____ Phone: _____

Lease term starts on this date: _____ Lease ending date: _____

Type of Lease: Showing _____, Breeding _____

Lessee Name (Print) _____

Address: _____ City: _____

State/Province: _____ Zip Code: _____

Email: _____ Phone: _____

Signature Of Lessor: _____ Date: _____

Signature Of Lessee: _____ Date: _____

Lease Form Fee is \$40.00. Completed Form can be scanned and email to : equineregistries@gmail.com and Payment made with **PayPal** to: equineregistries@gmail.com **Credit Card payment** accepted through PayPal to: equineregistries@gmail.com Or you can mail completed form to Equine Registries Office with **Check must be made payable to : Equine Registries**

Equine Registries
204 Longview Drive
Jeffersonville, IN 47130

Email: equineregistries@gmail.com

www.equineregistries.com