



Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX(859) 689-3702 www.pfha.org

LEASE AGREEMENT

HORSE BEING LEASED:

The horse _____ PFHA Registration Number: _____ has been leased
 from _____ PFHA Membership Number: _____
 (Registered Name of the Horse) (Name(s) of Recorded Owner(s))
 to _____ PFHA Membership Number: _____
 (Name(s) of Lessee(s))

For the period of time starting with _____ and ending with _____
 (MM/DD/YYYY) (MM/DD/YYYY)

And the Lessee(s) is authorized to sign all pertinent documents pertaining to this horse under the rules and regulations of the Paso Fino Horse Association during this period, at expiration of which period the Lessee's authority is terminated.

The Lessee(s) shall be considered the Recorded Owners of any foal born of a leased mare during the period of the Lease Agreement or as otherwise notified by the Recorded Owner and Lessee(s). Therefore it would be important that consideration of the lease commencement and termination date be in accord with the subsequent ownership of the resulting foal. A lease which is to be terminated prior to the expiration date listed, may be terminated by receipt by the Association of a written termination, giving termination date, signed by both Lessor(s) and Lessee(s). (A Lease Cancellation Form is available from the Association.)

No transfer of ownership of the above horse may be completed until this lease is terminated.

Any other limitation on the use of the horse or any other terms of the contract or lease is the sole responsibility of the lessor.

RECORDED OWNER(S) OF THE HORSE BEING LEASED:

Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____
 Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____
 Signature: _____ Date: _____ (MM/DD/YYYY)
 Signature: _____ Date: _____ (MM/DD/YYYY)

LESSEE(S):

Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____
 Last Name: _____ First Name: _____ Middle Initial ____ PFHA MEMBERSHIP NUMBER: _____
 Address: _____
 City: _____ State: _____ Country: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____
 Signature: _____ Date: _____ (MM/DD/YYYY)
 Signature: _____ Date: _____ (MM/DD/YYYY)

METHOD OF PAYMENT: (Do Not send cash.) Check/Money Order Payable to PFHA VISA MASTERCARD AMEX

Amount Due for filing this lease agreement is \$75.00 for Members \$175.00 for Non-Members Amount Paid: \$_____
 Card Number: _____ Expiration Date: _____ Security Code: _____
 Card Holder's Name: _____
 Card Holder's Address: _____
 Card Holder's City: _____ State: _____ Country: _____ Zip: _____
 Card Holder's Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Card Holder's Fax: _____ E-Mail Address: _____
 Card Holder's Signature: _____

INSTRUCTIONS:

1. Alterations or added conditions will make this form unacceptable or will require verification.
2. Mail this form, and a copy of the Certificate of Registration of the horse to be leased and payment of \$75.00 for members or \$175.00 for non-members to:
 Paso Fino Horse Association; 1003 Twilight Trail Suite 2, Frankfort, KY 40601

A 3% convenience fee on all credit card transactions will be applied