

MARE LEASE FORM

Form 1-13-18



PERCHERON HORSE ASSOCIATION OF AMERICA
P.O. Box 141, Fredericktown, Ohio 43019 | percheron@percheronhorse.org | 740-694-3602

I _____ of _____
Owner of mare, lessor Address

do hereby certify that I have leased the Percheron Mare _____
Name of Mare

_____ to _____
Registration Number Lessee

of _____
Address

From _____ to _____,
Date Date

or until such time, prior to the expiration date, provided the Lessor notifies the Percheron Horse Association, in writing, that the lease has terminated. For registration purposes, it has been agreed by the parties above that the Lessee is:

Select and check one or more which apply:

- ☐ (A) Breeder and owner of any foal, bred and produced during the lease period.
- ☐ (B) Owner only of any foal produced.
- ☐ (C) Breeder only of foal, conceived during the lease period.
- ☐ (D) Lease of the above mare is for the purpose of work, show, hitching, etc., and no rights of breeding or foal ownership applies. However; the Percheron Horse Association will consider and recognize the lessee as owner, for the purpose of showing.

The Percheron Horse Association is authorized to accept the signature of the Lessee on all breeding reports, and applications for registration of foals pursuant to A, B, or C above.

Date _____ Signature _____

Lessor

Date _____ Signature _____

The original form is to be returned to the Percheron Horse Association of America; Lessee
P. O. Box 141; Fredericktown, OH 43019, E-mail: percheron@percheronhorse.org,
Fax: 740-694-3604; by the Lessee, with the appropriate fee of \$15.00 member/\$25.00 non-member.
The Lessor and the Lessee should also retain a copy for their records.

If paying by credit card, please include the credit card authorization form.



PERCHERON HORSE ASSOCIATION OF AMERICA
CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: ☐ MasterCard ☐ Visa ☐ Discover ☐ Other: _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (MM/YY): _____

Cardholder Zip/Postal Code (from credit card billing address): _____

I, _____, authorize the Percheron Horse Association of America to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date