



# NOTICE OF LEASE AGREEMENT

## AMERICAN DUTCH HARNESS HORSE ASSOCIATION, INC.

OFFICE USE ONLY

Check#	
Amount	
Outstanding	
Date Rec.	

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. This notice is for information to the Registry only and ADHHA assumes no Liability.

1. Checking the box marked "Breeding" 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. The fee for an ADHHA member to file said Notice is \$25.00. The fee for a non-member of ADHHA is \$50.00.
3. There is no fee to terminate the lease.

Print in ink or type only.

The Registered Name of the Horse: \_\_\_\_\_

Registration #: \_\_\_\_\_, a  Mare  Stallion  Gelding, has been leased to:

Lessee: \_\_\_\_\_ ADHHA # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

### IMPORTANT:

Exact beginning date \_\_\_\_/\_\_\_\_/\_\_\_\_ until further notice unless ending date is provided here \_\_\_\_/\_\_\_\_/\_\_\_\_

(Beginning date must be prior to breeding dates for Lessee to be designated as a Breeder!)

Check if this is a breeding lease.

Lessor/Owner \_\_\_\_\_ ADHHA# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SIGNATURES:

Lessee(s) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Lessor/Owner \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

### Method of Payment

3% Processing Fee will be added to all credit card transactions.

Check (Make payable to ADHHA)  Visa  Mastercard Total: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CCV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_