MUST BE FILLED IN, IN INK OR TYPEWRITTEN

ALL SIGNATURES MUST BE IN INK. FEES MUST ACCOMPANY THIS LEASE. TAXES APPLICABLE. GST # 1403615393 RT0001

BREED		SEX
I hereby certify that I le	eased or loaned the animal name	d
REGISTRY		#
то		
CWHBA MEMBERSH	IP#/ID No	
ADDRESS		POSTAL CODE
UNDER THE FOLLOV		
FROM THE	Day of	Year
TO THE	Day of	Year
DATE:		Lessor or authorized representative sign here. Partnership or company signatures must be countersigned by the person authorized to sign.
ADDRESS OF LESSO)R	
CWHBA MEMBERSH	IP#/ID No	
	RETAIN COPIES OF	THIS FORM FOR YOUR RECORDS.
Payment Type:Che	eque Visa N	PLEASE DO NOT SEND CASH IN THE MAIL MC E-Transfer (accounts@canadianwarmbloods.com) ion Date: Name on Card:

Submit Applications to: Canadian Warmblood Horse Breeders Association 404 Avenue D South, Saskatoon, Saskatchewan, Canada S7M 1R4 Tel: 306-373-6620 • Fax: 306-374-0646 • office@canadianwarmbloods.com