



Lease Registration Form

*This Lease form must be signed by the owner of record (Lessor) and the person leasing the horse (Lessee).
A copy of this Lease form must be on file in the KWPN-NA office
before a foal may be registered or before awards in sport may be given.*

Name of Horse: _____ Registration #: _____
Lessor: _____ Lessee: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone/e-mail: _____ Phone/e-mail: _____
Effective Lease Date: _____ Expiration Lease Date: _____

The purpose of this lease is: Breeding Showing

Terms of Lease _____

I hereby certify that the above statements are correct and I hereby agree to the terms of this Lease.

Lessor: _____ Lessee: _____
Date: _____ Date: _____
Signature: _____ Signature: _____