



Equine Registries – Fell Pony Cross Stud Book Lease Record File Form

Date: _____

Registered Name of Equine: _____

Registry Name: _____ Registration #: _____

Lessor Name (Print - Owner of Record): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____ Phone: _____

Lessor Co-Owner Of Record (if any) _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____ Phone: _____

Lease term starts on this date: _____ Lease ending date: _____

Type of Lease (check all that apply) : Showing _____, Breeding _____, Training _____

Lessee Name (Print): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____ Phone: _____

Lessee Co-Owner (if any) _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____ Phone: _____

Signature Of Lessor: _____ Date: _____

Signature Of Lessee: _____ Date: _____

Lease Form Fee is \$40.00. Completed Form can be scanned and emailed to : equineregistries@gmail.com Or completed form can be mailed to the Equine Registries Office. **Payment for service can be made with Credit Card or Debit Card on our Website or Check made payable to: Equine Registries.**

Equine Registries
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