

Miniature Australian Shepherd Club of America, Inc

Attention: MASCA Registrar
PO Box 6189 Colorado Springs, CO 80934-6189
Email: registrar@mascaonline.com
<http://www.mascaonline.com/>



Lease Agreement

Regulations:

1. This Application is solely for the purpose of determining who must sign any MASCA Applications for Litter Registration on the dog and Applications for Registration on off spring of the dog during a specified period (lease.)
2. This Application must be completed and filed with MASCA before any litters or dogs related to this Lease can be registered.
3. The Application must be signed by ALL owners of record.

Lease fee - Members: \$10.00, Non-Members: \$30.00. Make check or money order payable to: MASCA. Mail to above listed address.

If you wish to use PayPal please provide email address: _____

Section A: To be completed by Owner(s). Type/print in ink. Erasures may cause return of Application.			
Registered Name of Dog: _____			
Registration #(s) (list all): _____		Registries (list all): _____	
Date of Birth: _____		Height at Withers: _____	
Sex: male / female	Eye Color-Right(circle all that apply): blue / brown / amber / marbled	Body Color: red / black / blue merle / red merle	
Trim Color: per / white	cop- Eye Color-Left (circle all that apply): blue / brown / amber / marbled	Tail: / natural bob / docked bob / long	docked

I (We) certify that I (we) lease this Australian Shepherd of the miniature variety for a period beginning on _____ Date and ending on _____ Date.

Name of Owner: _____	Signature: _____	Date: _____
Address: _____	City: _____	State: _____ Zip Code: _____
Name of Co-Owner: _____	Signature: _____	Date: _____
Address: _____	City: _____	State: _____ Zip Code: _____

Name of Lessee: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____
Name of Co-Lessee: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

I (We) apply to the Miniature Australian Shepherd Club of America, Inc. (MASCA) to have a Lease Agreement issued in my (our) name(s).
I (We) testify that all information submitted on this Application is correct. I (We) agree to abide by MASCA rules, regulations and Code of Ethics.
I (We) understand that failure to do so can result in the suspension or restriction of registration privileges and disciplinary action, as determined by the Board of Directors, in accordance with the MASCA By-laws and Code of Ethics. This Application constitutes only consideration for a lease agreement and does not guarantee a lease agreement with MASCA.

Signature of Lessee: _____ Date: _____

Signature of Co-Lessee: _____ Date: _____

I (We) hereby certify this dog has not been registered or will not be registered as a breed other than the Australian Shepherd/Australian Shepherd of the miniature variety.

I (We) understand that registration or recording of this dog as another breed will result in their MASCA privileges being revoked. Registrations without initials acknowledging acceptance of this policy will be refused.

Initials of Owner: _____ Initials of Co-Owner: _____ Initials of Lessee: _____ Initials of Co-Lessee: _____

