

# Miniature Australian Shepherd Club of America, Inc

miniatureaustralianshepherdclubofamerica.com  
 registrar.masca@gmail.com



## Lease Agreement

**Requirements:**

1. This Application is solely for the purpose of determining who must sign any MASCA Applications for Litter Registration on the dog. Copies of Sire & Dam's ASCA, AKC, IMASC, Canadian Kennel Club, Canadian NSDR, ASDR, NAMASCUSA 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: \_\_\_\_\_

To be completed by Owner(s). Complete form online or type/print in ink. Erasures may cause return of Application.

Registered Name of Dog: _____		
Registration # _____		
Sex: ( ) male ( ) female	Tattoo/microchip # _____	Date of Birth: _____

I (We) certify that I (we) lease this Australian Shepherd of the miniature variety for the following period	
Start of lease date _____	End of lease 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 lease agreement and does not guarantee lease agreement with MASCA

Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_