



TEXAS THOROUGHBRED ASSOCIATION

P.O. Box 14967
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 Phone: 512-458-6133
 www.texas thoroughbred.com

STALLION LEASE AGREEMENT FORM (For Stallions Only)

This document must specify recipient and contain original signatures of both the lessor and lessee in order for awards to be paid. Copies of this agreement will not be accepted.

All ATB Owner Awards earned during term of lease go to (check one box only): lessor (owner) lessee

Initials: _____

Initials: _____

Signature of Lessor (Owner): _____ Date: _____

Signature of Lessee: _____ Date: _____

Name of Stallion: _____

Jockey Club Number: _____ Year of Birth: _____

Sire: _____ Dam: _____

For the period starting on

Month	Day	Year		

 and ending on

Month	Day	Year		

 this horse has been leased from:

Lessor (Owner) Name: _____

Lessor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ SS# or Tax ID# _____

Leased to:

Lessee Name: _____

Lessee Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ SS# or Tax ID# _____