

# Miniature Australian Shepherd Club of America, Inc.

Attention: MASCA TREASURER  
PO Box 248 Roanoke, IN. 46783

REGISTRAR@mascaonline.com <http://www.mascaonline.com/>

## Application for Lease



### 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 offspring 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, contact [treasurer@mascaonline.com](mailto:treasurer@mascaonline.com)*

### 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:  
copper / white

Eye Color-Left (*circle all that apply*):  
blue / brown / amber / marbled

Tail:  
docked / natural bob / docked bob / long

I (We) certify that I (we) lease this Australian Shepherd/Australian Shepherd of the miniature variety for a period

beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
Date 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 \_\_\_\_\_ Name of Co-Lessee \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone/Email \_\_\_\_\_ 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: \_\_\_\_\_

Revised 3.27.2012