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292140 Wagon Wheel Blvd, Rocky View County, AB T4A 0E2 • Phone: (403) 571-3580 • Fax: (403) 571-3599 • Toll-Free: 1-888-571-3580

## Application for Registration of Lease

**Instructions:** This form must be completed in INK or typewritten and submitted to the above address with the appropriate fees.

I, \_\_\_\_\_

Identification Number: \_\_\_\_\_

hereby certify that the animal (Name, Registration # and Tattoo)

\_\_\_\_\_

is leased to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Identification Number of lessor (if known): \_\_\_\_\_

for the period commencing (dd/mm/yy) \_\_\_\_\_ to (dd/mm/yy) \_\_\_\_\_

Date of Agreement

\_\_\_\_\_

**Signature of animal owner** \_\_\_\_\_

**Note:** partnership or company signatures must be countersigned by the authorized person(s).

Identification Number: \_\_\_\_\_

Address of animal owner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*If female, please fill out the back**

If this animal is a female leased in calf, please complete the following:

I hereby certify that according to my private records, the animal described on this lease was serviced on:

Date: \_\_\_\_\_

Sire: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

and/or exposed between

Date \_\_\_\_\_ and Date \_\_\_\_\_

Sire: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

Owner of Service Sire or Owner of Semen or Authorized Representative sign here:

**Signature** \_\_\_\_\_

ID Number \_\_\_\_\_

Return the completed form to:  
Canadian Angus Association • 292140 Wagon Wheel Blvd, Rocky View County, AB T4A 0E2  
Fax: (403) 571-3599  
email: [registry@cdnangus.ca](mailto:registry@cdnangus.ca)