

CANINE KENNEL CLUB®

RICHARDS STREET, VANCOUVER, BRITISH COLUMBIA | TEL (778) 312-1888 | WWW.CKC.CLUB

COPY 1 - CKC
COPY 2 - LESSOR
COPY 3 - LESSEE

Application for Registration of a Lease

Instructions

1. Please print clearly.
2. Any conditions pertaining to this Lease Agreement shall be a private contract between the Lessee(s) and Lessor(s).
3. Fees will be assessed against the Owner of the dog.
4. Please refer to the Canine Kennel Club aka CKC.club aka CKC.world Schedule of Fees for applicable charges (www.ckc.club).
5. Lessor is the person giving the Lease.
6. Lessee is the person to whom the lease is granted.

LESSOR(s) SECTION

I certify that I leased the dog

<input type="text"/>																								Sex		<input type="text"/>											
																								<input type="checkbox"/>	<input type="checkbox"/>												
																								M	F	CKC Registration #											

<input type="text"/>																							

Registered Name of Dog

Lease Period	From	<input type="text"/>			TO	<input type="text"/>				If the lease period ends prior to the litter being whelped, this lease shall be extended for 60 days.														<input type="checkbox"/>	<input type="checkbox"/>
		D	M	Y		D	M	Y																Yes	No

<input type="text"/>												<input type="text"/>												<input type="text"/>									

Last Name of Lessor(s)

First Name

CKC Membership #

<input type="text"/>												<input type="text"/>												<input type="text"/>									

Last Name of Lessor(s)

First Name

CKC Membership #

<input type="text"/>																								<input type="text"/>			

Complete Address

App

<input type="text"/>												<input type="text"/>	<input type="text"/>				-		<input type="text"/>				(<input type="text"/> <input type="text"/>)		-		<input type="text"/>			

City

Prov.

Postal Code

Telephone

<input type="text"/>																							

Address

<input type="text"/>												<input type="text"/>											

Signature of Lessor(s)

Signature of Lessor(s)

LESSEE(s) SECTION

<input type="text"/>												<input type="text"/>												<input type="text"/>									

Last Name of Lessee(s)

First Name

CKC Membership #

<input type="text"/>												<input type="text"/>												<input type="text"/>									

Last Name of Lessee(s)

First Name

CKC Membership #

<input type="text"/>																							

Complete Address

<input type="text"/>												<input type="text"/>	<input type="text"/>				-		<input type="text"/>				(<input type="text"/> <input type="text"/>)		-		<input type="text"/>			

City

Prov.

Postal Code

Telephone

<input type="text"/>																							

Address

<input type="text"/>												<input type="text"/>											

Signature of Lessee(s)

Signature of Lessee(s)

Date of Application

<input type="text"/>	<input type="text"/>	<input type="text"/>
D	M	Y

FOR OFFICE USE ONLY