



APPOINTMENT OF AUTHORIZED AGENT

This Form must be completed by the Breeder/ Owner/ Lessee

Completed Forms must be sent to:
Canadian Thoroughbred Horse Society, National Office
P.O. Box 172, Rexdale, ON, M9W 5L1

Phone: 416-675-1370
Fax: 416-675-9405
Email: info@cthsnational.com

Breeder/ Owner/ Lessee Name: _____

Address: _____ City/Town: _____

Province/State: _____ Postal Code/Zip: _____

Phone/Cell: _____ Email: _____

Authorized Agent Information - Name: _____

Address: _____ City/Town: _____

Province/State: _____ Postal Code/Zip: _____

Phone/Cell: _____ Email: _____

Expiry of Authorized Agent:

I hereby appoint the named Authorized Agent to act on my/our behalf until:

Expiry Date (dd/mm/yyyy): _____ **OR**

Until written notification is received. _____ (Please Initial)

Signature:

The undersigned hereby confirms that the named individual in the authorized agent section has the authority to sign on his/her/their behalf in regard to any communications, forms and **Digital Registration Certificates** with the Canadian Thoroughbred Horse Society (CTHS), and holds the CTHS, its' employees, Directors and offices harmless from any damage or liability that may befall the undersigned.

Signature: _____

Print Name: _____ Date: _____