



**THE OTTAWA KENNEL CLUB**

Mail to: Diana Edwards Show Services  
1562 Route 203, Howick, Qc J0S 1G0



**Confirmation**

- Fri. May 22
- Sat. May 23
- Sun. May 24
- Catalogue - \$8.00

**Veterans**

- 
- 
- 

**Altered**

- 
- 
- 

- BB**
- OH**

**Sweepstakes**

- 3-6 mths
- 6-9 mths
- 9-12 mths
- 12-18 mths

**Obedience**

- May 23 - Trial 1
- May 23 - Trial 2
- May 24 - Trial 3
- May 24 - Trial 4

Total: \$

Entry Fees: \$

Listing Fees: \$

Catalogue: \$8.00

Breed

Variety

Sex

Enter in the following classes:

- |  |  |                                     |                                     |
|--|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baby Puppy    | <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Pre-Novice | <input type="checkbox"/> Open AJump |
| <input type="checkbox"/> Junior Puppy  | <input type="checkbox"/> Open              | <input type="checkbox"/> Novice A   | <input type="checkbox"/> Open B     |
| <input type="checkbox"/> Senior Puppy  | <input type="checkbox"/> Specials Only     | <input type="checkbox"/> Novice B   | <input type="checkbox"/> Utility A  |
| <input type="checkbox"/> 12-18 Months  | <input type="checkbox"/> Exhibition Only   | <input type="checkbox"/> Novice C   | <input type="checkbox"/> Utility B  |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Veterans          | <input type="checkbox"/> Altered    | Jump: _____                         |

Reg.Name of Dog

Check One and Enter Number Here

- CKC Reg.No.
- CKC ERN No.
- CKC Misc.Cert.No.
- Listed (no C.K.C.No.)
- CKC CCN No.

Date of Birth  
D \_\_\_ M \_\_\_ Y \_\_\_

Is this a Puppy?  
 YES  NO

Place of Birth  
 Canada  Elsewhere

Breeder(s)

Sire

Dam

Reg'd Owner(s)

Owner(s) Address

City

Prov.

Postal Code

Name of Owner's Agent (if any) at the Show

Agent's Address

City

Prov.

Postal Code

Mail / email I.D. to:

- Owner
- Agent

SIGNATURE OF OWNER OR AGENT

TELEPHONE NUMBER

I certify that I am the registered owner(s) of the dog or that I am the authorized agent of the owner(s) whose name(s) I have entered above and accept full responsibility for all statements made in this entry. In consideration of the acceptance of this entry, I (we) agree to be bound by the rules and regulations of the Canadian Kennel Club and by any additional rules and regulations appearing in the premium list.

**Email:**

**FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894**

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Security # \_\_\_\_\_