



OFFICIAL CANADIAN KENNEL CLUB FORM
ARNPRIOR CANINE ASSOCIATION

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



Name of Specialty

Total Fees: \$ _____

Breed _____ Variety _____ Sex _____

Enter in the following classes:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Stud Dog | <input type="checkbox"/> Sweeps 3-6 |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Veteran | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Sweeps 6-9 |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Brace | <input type="checkbox"/> Sweeps 9-12 |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Altered | <input type="checkbox"/> Parade Ob/Wk | <input type="checkbox"/> Sweeps 12-18 |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Parade Vets | <input type="checkbox"/> Vet.Sweeps 7-9 |
| <input type="checkbox"/> Bred by Exhibitor | | | <input type="checkbox"/> Vet.Sweeps 9-11 |
| | | | <input type="checkbox"/> Vet.Sweeps 11+ |

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.)

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 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.

E-mail: _____

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security # _____