



OFFICIAL CANADIAN KENNEL CLUB FORM

THE OTTAWA KENNEL CLUB

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



Conformation

OH

Altered

Sweepstakes

Obedience

- Fri. May 23
- Sat. May 24
- Sun. May 25
- Catalogue - \$8.00

-
-
-

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

- May 24 - Trial 1
- May 24 - Trial 2
- May 25 - Trial 3
- May 25 - 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 A | Jump |
| <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"/> Nov. Inter | | |

Reg.Name of Dog

Check One and Enter Number Here

Date of Birth Is this a Puppy?

- | | | | |
|--|-------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> CKC Reg.No. | D ___ M ___ Y ___ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> CKC ERN No. | | | |
| <input type="checkbox"/> CKC Misc.Cert.No. | | Place of Birth | |
| <input type="checkbox"/> Listed (no C.K.C.No.) | | <input type="checkbox"/> Canada | <input type="checkbox"/> 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: _____ (New) Security Code _____