



OFFICIAL CANADIAN KENNEL CLUB FORM
THE OTTAWA KENNEL CLUB
 Mail to: Diana Edwards Show Services
 1562 Route 203, Howick, Qc J0S 1G0

Conformation	Baby Puppy	Veterans	Altered	Owner Handled	Bred By Exhibitor Bred by Exhibitor Sweepstakes
<input type="checkbox"/> Fri. May 26 #1					
<input type="checkbox"/> Fri. May 26 #1					
<input type="checkbox"/> Sat. May 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sun. May 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIMITED BREED SHOWS: Group 1 – Sat Group 2 - Sat Group 7 - Sun

Total: \$ Entry Fees: \$ Listing Fees: \$ Catalogue: \$8.00

Breed _____ Variety _____ Sex _____

Enter in the following classes:

<input type="checkbox"/> Baby Puppy (Sat/Sun only)	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Veterans (Sat/Sun only)
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Altered (Sat/Sun only)
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Canadian Bred		

Reg.Name of Dog _____

Check One and Enter Number Here

<input type="checkbox"/> CKC Reg.No.	Date of Birth	Is this a Puppy?
<input type="checkbox"/> CKC ERN No.	D ___ M ___ Y ___	<input type="checkbox"/> YES <input type="checkbox"/> 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: _____ Security # _____