

OFFICIAL CANADIAN KENNEL CLUB FORM
 THOUSAND ISLANDS KENNEL & OBEDIENCE CLUB
 Mail to: Diana Edwards Show Services
 1562 Route 203, Howick, QC J0S 1G0



Name of Specialty Club _____

Total: \$ Entry Fees: \$ Listing Fees: \$ Catalog: \$

Breed _____ Variety _____ Sex _____

Enter in the following classes: *Please check Specialty page for classes*

- | | | | | |
|--|--------------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brace | <input type="checkbox"/> Sweepstakes | <input type="checkbox"/> Vet. Sweepstakes |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Veteran | <input type="checkbox"/> Cut Down | <input type="checkbox"/> 3-6 mths | <input type="checkbox"/> 7-9 yrs |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials | | <input type="checkbox"/> 6-9 mths | <input type="checkbox"/> 10+ yrs |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Altered | | <input type="checkbox"/> 9-12 mths | <input type="checkbox"/> 10-12 yrs |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Stud Dog | | <input type="checkbox"/> 12-18 mths | <input type="checkbox"/> 13+ yrs |
| <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Brood Bitch | | <input type="checkbox"/> 18-24 mths | <input type="checkbox"/> _____ |

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.

email: _____

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ (New) Security Code _____