



OFFICIAL CANADIAN KENNEL CLUB FORM  
 SOCIÉTÉ CANINE DE QUÉBEC  
 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:

- |  |  |                                     |  |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Junior Puppy      | <input type="checkbox"/> Open            | <input type="checkbox"/> Brace      | <input type="checkbox"/> Sweeps _____      |
| <input type="checkbox"/> Senior Puppy      | <input type="checkbox"/> Specials Only   | <input type="checkbox"/> Field Dog  |  |
| <input type="checkbox"/> 12-15 mths        | <input type="checkbox"/> Veterans _____  |                                     | <input type="checkbox"/> Vet. Sweeps _____ |
| <input type="checkbox"/> 15-18 mths        | <input type="checkbox"/> Exhibition Only |                                     |  |
| <input type="checkbox"/> Canadian Bred     | <input type="checkbox"/> Stud Dog        | <input type="checkbox"/> Baby Puppy |  |
| <input type="checkbox"/> Bred By Exhibitor | <input type="checkbox"/> Brood Bitch     |                                     |  |

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 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: \_\_\_\_\_