



OFFICIAL CANADIAN KENNEL CLUB FORM
HOCHELAGA KENNEL 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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Open _____ | <input type="checkbox"/> Stud Dog | <input type="checkbox"/> Sweeps 3-6 mths |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Veterans _____ | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Sweeps 6-9 mths |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Brace <input type="checkbox"/> Team | <input type="checkbox"/> Sweeps 9-12 mths |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Parade of Titles | <input type="checkbox"/> Sweeps 12-18 mths |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered | <input type="checkbox"/> Parade of Vets | <input type="checkbox"/> Vet.Sweeps _____ |
| <input type="checkbox"/> Bred by Exhibitor _____ | CCSSA: Obedience Class: _____ | <input type="checkbox"/> Field Champion | Rally Class _____ |

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: _____ (New) Security # _____