

## Official Kennel Club Entry Form CONFORMATION ENTRY ONLY

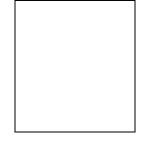
**Doberman Pinscher Club Of Canada Nationals Specialty** July 1, 2018
Pre-Order Catalogue: \$12.00 [ ]

| CANA   | 1 10-Order Catalogi                                    |                          |  |  |  |
|--|--|--------------------------|--|--|--|
|  | Entries Close  | •                        | 9:00 PM.CST.   |  |  |
| Entry fees: \$ 30.00   | Listing  | fees: \$10.50            |  | Exhibition only: \$10.00   |  |
|  | TRY  | LISTING                  | ф  | TOTAL  |  |
| \$   | \$   |                          | \$   |  |  |
| BREED  |  | VAR                      | IETY   | SEX  |  |
| [ ]Jr. Puppy [ ]Sr. Puppy [ ]12 - 15 Months [ ]15- 18 Months   | [ ] Cdn. Bred [ ] Bred By [ ] Open Black [ ] Open AOAC | 3 - 6 month [ ]          | Veteran<br>Altered<br>Puppy Sweeps<br>Veteran Sweeps | [ ] Stud Dog<br>[ ] Brood Bitch<br>[ ] Brace Only<br>[ ] Exhibition Only |  |
| REGISTERED NAME  |  |                          |  |  |  |
| Check one ONLY [ ] CKC Reg. No. [ ] CKC ERN No. [ ] CKC Misc.Cert.No. [ ] Listed   | Enter Number   | Date of Birth<br>Day Mon | th Year  | Puppy<br>Yes [ ]<br>No [ ]   |  |
|  |  | [ ] Canada               |  | [ ] Elsewhere  |  |
| Breeder(s)   |  |                          |  |  |  |
| Sire   |  |                          |  |  |  |
| Dam  |  |                          |  |  |  |
| Reg. Owner(s)  |  |                          |  |  |  |
| Owner's Address  |  |                          |  |  |  |
| City   | Prov.  |                          | Postal Code  |  |  |
| Agent's Name(if any)   |  |                          |  |  |  |
| Agent's Address  |  |                          |  |  |  |
| City   | Prov.  |                          | Postal Code  |  |  |
| Mail Confirmation To:  | [ ] Ow   | ner                      | [ ] Agent  |  |  |
| MAIL ENTRIES TO: BOX 75, GRP 4 RR2, LORETTE, MB ROA OYO  |  |                          |  |  |  |
| VISA/MAS   | STERCARD INFORMATIO                                    | N .                      | FAX ENTRIES  | STO: 204-237-0965  |  |
| [ ] VISA [ ]   | MASTERCARD   | CARD NO,                 |  |  |  |
| EXPIRY DATE  |  | NAME OF CARDHO           | DLDER  |  |  |
| Month Year (Please print)  I certify that I am the registered owner(s) of this dog or that I am the authorized agent of the owner(s) whose name(s) are entered above and I 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 CKC and by any additional rules and regulations in the premium list. |  |                          |  |  |  |
| Signature  | Ph. No.  | ,                        | Email  |  |  |



## Official Kennel Club Entry Form CONFORMATION ENTRY ONLY

Doberman Pinscher Club Of Manitoba Specialty June 30, 2018



|                                     | Entries Closes                  | s: June 12, 2018 9:00 Pl           | M.CST.   |    |
|-------------------------------------|---------------------------------|------------------------------------|--|----|
| Entry fees: \$ 30.00                | Listing                         | fees: \$10.50                      | Exhibition only: \$10.00   |    |
|                                     | TRY                             | LISTING                            | TOTAL  |    |
| \$                                  | \$                              |                                    | \$   |    |
| BREED                               |                                 | VARIETY                            | SEX  |    |
| [ ]Jr. Puppy                        | [ ] Bred By Exhibitor           | [ ]Vetera                          |  |    |
| [ ]Sr. Puppy<br>[ ]12- 18 Months    | [ ] Open Black<br>[ ] Open AOAC | [ ]Altered<br>[ ] Brace            |  |    |
| [ ]Canadian Bred                    | [ ] Specials Only               | [ ] Diace                          | [ ] Exhibition Only  |    |
| REGISTERED NAME                     |                                 |                                    |  |    |
|                                     |                                 |                                    |  |    |
| Check one ONLY                      | Enter Number                    | Date of Birth                      | Puppy  |    |
| [ ] CKC Reg. No.<br>[ ] CKC ERN No. |                                 | Day Month Yea                      | r Yes [ ]<br>No [ ]  |    |
| [ ] CKC Misc.Cert.No.<br>[ ] Listed |                                 | Place of Birth                     |  |    |
|                                     |                                 | [ ] Canada                         | [ ] Elsewhere  |    |
| Breeder(s)                          |                                 |                                    |  |    |
| Sire                                |                                 |                                    |  | _  |
| Dam                                 |                                 |                                    |  |    |
| Reg. Owner(s)                       |                                 |                                    |  |    |
| Owner's Address                     |                                 |                                    |  |    |
| City                                | Prov.                           | Pos                                | al Code  |    |
| Agent's Name(if any)                |                                 |                                    |  |    |
| Agent's Address                     |                                 |                                    |  |    |
| City                                | Prov.                           | Pos                                | al Code  | _  |
| Mail Confirmation To:               | [ ] Own                         | ner [                              | ] Agent  |    |
| MA                                  | IL ENTRIES TO: BOX              | X 75, GRP 4 RR2, LOI               | RETTE, MB ROA OYO  |    |
| VISA/MAS                            | STERCARD INFORMATION            | N FA                               | X ENTRIES TO: 204-237-0965   |    |
| [ ] VISA [ ]                        | MASTERCARD C                    | CARD NO,                           |  |    |
| EXPIRY DATE                         | /                               | NAME OF CARDHOLDER                 |  |    |
| Month                               | Year                            |                                    | (Please print)   |    |
| accept full responsibility for      |                                 | In consideration of the acceptance | er(s) whose name(s) are entered above and I<br>e of this entry, I/we agree to be bound by the rule | es |
| Signature                           | Ph. No.                         |                                    | Email  |    |