



OFFICIAL CANADIAN KENNEL CLUB FORM
HOCHELAGA KENNEL CLUB

Mail to: Diana Edwards Show Services
1562 Route 203, Howick, Qc J0S 1G0

SPECIALTIES

**SWEEPSTAKES
(MRTDF)**

Queen Lure Coursing Association - Saturday

3-6 mths

Mount Royal Toy Dog Fanciers - Sunday

6-9 mths

9-12 mths

12-18 mths

Total: \$ _____ Entry Fees: \$ _____ Listing Fees: \$ _____ Catalog: \$ _____
Breed _____ Variety _____ Sex _____

Enter in the following classes:

Baby Puppy

Canadian Bred

Specials Only

Brace

Stud Dog

Junior Puppy

Bred by Exhibitor

Exhibition Only

Brood Bitch

Senior Puppy

Open

Parade of Titleholders

12-18 Months

Veterans

Parade of Veterans

Reg.Name of Dog _____

Check One and Enter Number Here

Date of Birth

Is this a Puppy?

CKC Reg.No.

D ___ M ___ Y ___

YES NO

CKC ERN No.

CKC Misc.Cert.No.

Listed (no C.K.C.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 / 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 # _____