



OFFICIAL CANADIAN KENNEL CLUB FORM
CHATEAUGUAY VALLEY KENNEL CLUB

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

Specialty: **EASTERN CANADA DACHSHUND CLUB – Samedi / Saturday**
 SIBERIAN HUSKY CLUB OF CANADA – NATIONAL – Samedi / Saturday
 SIBERIAN HUSKY CLUB OF CANADA – REGIONAL – Dimanche / Sunday

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"/> Brace | <input type="checkbox"/> Sweeps _____ |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Veteran | <input type="checkbox"/> Stud Dog | <input type="checkbox"/> Vet. Sweeps _____ |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> 3- Generation Sweeps |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Team | <input type="checkbox"/> Untitled WD & SD Sweeps |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Altered | | <input type="checkbox"/> Titled SD - SDX - SDU |
| <input type="checkbox"/> Bred by Exhibitor | | <input type="checkbox"/> Parade of Vets (ECDC) | <input type="checkbox"/> Titled WD - WDX |
| | | <input type="checkbox"/> Parade of Obed.& Working Dogs (ECDC) | |

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.)	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 _____

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.

E-mail: _____

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

Card number: _____ Expiry date _____

Name of Card Holder: _____ **Security Code** _____