



**Official Kennel Club Entry Form**  
**Prairie Dachshund Club**  
**SPECIALTY CONFORMATION ENTRY ONLY**  
**Make cheques payable to Prairie Dachshund Club**  
**Sunday, May 6, 2018**



**Entries close Wednesday, April 18, 2018 at 9:00 pm CST**

**Entry Fees** All Regular Classes - \$25.00 Veteran - \$ 15.00 Baby Puppy - \$ 10.00 Altered - \$ 20.00  
 Exhibition Only \$ 10.00 **CKC Listing Fess - \$ 10.50**  
 Brace (per dog) - \$ 7.50 Stud Dog/Get and Dam/Progeny \$ 15.00

<b>Entry Fee \$</b> _____	<b>Listing Fee \$</b> _____	<b>Total \$</b> _____	<b>Female</b> <input type="checkbox"/>
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BREED: _____	VARIETY: _____	SEX <b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>
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**Regular Classes:**

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Junior Puppy  | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Specials Only   | <input type="checkbox"/> Stud/Get    |
| <input type="checkbox"/> Senior Puppy  | <input type="checkbox"/> Open              | <input type="checkbox"/> Baby Puppy      | <input type="checkbox"/> Dam/Progeny |
| <input type="checkbox"/> 12 - 18 Month | <input type="checkbox"/> Veterans          | <input type="checkbox"/> Altered         | <input type="checkbox"/> Brace       |
| <input type="checkbox"/> Canadian Bred |  | <input type="checkbox"/> Exhibition Only |                                      |

Registered Name: \_\_\_\_\_

Check one ONLY	Enter Number	Date of Birth	Is this dog a puppy ?
<input type="checkbox"/> CKC Reg #	<input type="checkbox"/> Listed	Day / Month / Year	YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> CKC ERN #		_____ / _____ / _____	
<input type="checkbox"/> CKC Misc Cert #		Place of Birth	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere
<input type="checkbox"/> CCN #			

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 \_\_\_\_\_

**ID will NOT be mailed. Please supply email address below for entry conformation**

**FOR MAIL OR DROP OFF ENTRIES ONLY 14 Mossing Bay, Regina. SK S4N 4H4**

For ONLINE Entries VISA/MASTER CARD/AMERICAN EXPRESS INFORMATION  
 VISA  MASTER CARD  AMERICAN EXPRESS

CARD # \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
 Month Year

Name of Card Holder \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

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.

Email \_\_\_\_\_

PLEASE PRINT YOUR EMAIL CLEARLY SO THAT WE CAN EMAIL YOUR CONFORMATION OF ENTRY