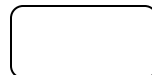




OFFICIAL CANADIAN KENNEL CLUB FORM
ONTARIO BREEDERS ASSOCIATION

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



- () Friday, Feb 28, 2020 () Ontario Breeders, Limited Group 1 (Friday)
- () Saturday, Feb 29, 2020 () Ontario Breeders, UK Breeds (Saturday)
- () Sunday, March 1, 2020 () Ontario Breeders, Limited Group 7 (Sunday)

() **Novice Owner / Handler** () **Altered** () Pre-paid Catalogue

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

Enter in the following classes:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Altered |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Specials Only | |

Reg.Name of Dog _____

Check One and Enter Number Here

- CKC Reg.No.
- CKC ERN No.
- CKC Misc.Cert.No.
- Listed (no C.K.C.No.)

Date of Birth
D ___ M ___ Y ___

Is this a Puppy?
 YES 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 _____

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 _____