



OFFICIAL CANADIAN KENNEL CLUB FORM  
**ONTARIO BREEDERS ASSOCIATION**

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



- ( ) Friday, March 1, 2019 ( ) Ontario Breeders, Limited Group 1 (Friday)
- ( ) Saturday, March 2, 2019 ( ) Ontario Breeders, German Breeds (Saturday)
- ( ) Sunday, March 3, 2019 ( ) 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 \_\_\_\_\_