

Fort St John and District Kennel Club

Eye Registration Form
Taylor Ice Arena Friday May15 2015
Western Canada Veterinarian Eye Specialists Inc

Schedule Of Fees:

- \$50/dog
- 5 or more dogs owned or co-owned by the same person \$45/dog
- Payable By Cheque or Money Order Made out to Fort St John and District Kennel Club
- Pre-Payment and registration preferred (walk ins will be accepted space depending)

Dogs Call Name: _____

Dogs Reg Name : _____

Dogs Reg Number: _____ CKC or AKC

Breed: _____ Sex: _____

Date Of Birth: _____

Tattoo/Microchip Number: _____

Owner(s) Name: _____

Address: _____

City _____ Province: _____

Postal Code: _____

Email Address: _____

Phone Number: _____

**Please print off form, fill it in and
mail with Payment to :**

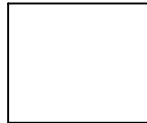
Kim Klassen
9624 111 Ave
Fort St John BC
V1J 2T8
1-250-263-4656

bullmastiff2003@shaw.ca

**No Refunds For Cancelled Or Missed
Appointments**



**FORT ST JOHN & DISTRICT KENNEL CLUB
OFFICIAL CKC ENTRY FORM
CONFORMATION**



Show 1 _____ Show 2 _____ Show 3 _____
Show 4 _____ Show 5 _____ Show 6 _____

Listing Fees _____ Entry Fees _____ Total \$ _____
Prepaid Catalogue _____

Conformation

___ Junior Puppy _____ Senior Puppy _____ 12-18 months
___ Open _____ Can. Bred _____ Bred by Exhibitor
___ Specials Only _____ Exhibition Only _____ Baby Puppy
___ Veterans

Please Print Clearly

Breed: _____ Variety _____ Sex _____

Registered Name of Dog

Enter number _____ Date of Birth D ___ / M ___ / Y _____
 CKC Reg. No. Is this a puppy Yes ___ No ___
 CKC ERN No. Place of Birth
 CKC Misc. Cert. No. Canada _____ Elsewhere ___
 Listed

Breeder(s) _____

Sire _____

Dam _____

Reg'd Owners _____

Owners Address _____

City _____ Province _____ PC _____

Name of Owner's Agent (if any) at the show _____

Agent's Address _____

City _____ Province _____ PC _____

Mail I.D. to Owner__ or Agent__ _____

Email (for schedule and fax confirmation) _____

Visa/MasterCard No. _____ expiry ___/___

Name of card holder- print _____ Signature _____

I CERTIFY that I am the registered owner(s) of the dog or that I am authorized agent of the owner(s) whose names I have entered 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 appearing in the Premium list.

Email Address _____ Telephone _____



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