



OFFICIAL CANADIAN KENNEL CLUB FORM  
**THE OTTAWA KENNEL CLUB**  
 Mail to: Diana Edwards Show Services  
 1562 Route 203, Howick, Qc J0S 1G0

<b>Conformation</b>	<b>Baby Puppy</b>	<b>Veterans</b>	<b>Altered</b>	<b>Owner Handled</b>	<b>Bred by Exhibitor Sweepstakes</b>
<input type="checkbox"/> Fri. May 25 #1					
<input type="checkbox"/> Fri. May 25 #2					
<input type="checkbox"/> Sat. May 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sun. May 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total: \$                      Entry Fees: \$                      Listing Fees: \$                      Catalogue: \$8.00

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

<input type="checkbox"/> Baby Puppy (Sat/Sun only)	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Veterans (Sat/Sun only)
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Altered (Sat/Sun only)
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Exhibition Only	
<input type="checkbox"/> Canadian Bred		

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.		
<input type="checkbox"/> Listed (no C.K.C.No.)	Place of Birth	
	<input type="checkbox"/> Canada <input type="checkbox"/> 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 \_\_\_\_\_

Mail / 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.

**Email:** \_\_\_\_\_

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

Card number: \_\_\_\_\_ Expiry date \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Security # \_\_\_\_\_