



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

- Dec 2 - Trial 1
- Dec 2 - Trial 2
- Dec 3 - Trial 3
- Dec 3 - Trial 4

Total: \$Entry Fees: \$                      Listing Fees: \$                      Catalogue: \$8.00  
 Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

- Pre-Novice                       Open A                                       Brace (Saturday)
- Novice A                               Open B
- Novice B                               Utility A
- Novice C                               Utility B
- Nov. Inter                              Jump: \_\_\_\_\_

Reg.Name of Dog \_\_\_\_\_

Check One and Enter Number Here

- CKC Reg.No.                              Date of Birth                              Is this a Puppy?
- CKC ERN No.                              D\_\_M\_\_Y\_\_                               YES     NO
- CKC Misc.Cert.No.                              Place of Birth
- Listed (no C.K.C.No.)                               Canada     Elsewhere
- CKC CCN No.
- CKC PEN No.

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**

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 # \_\_\_\_\_