



OFFICIAL CANADIAN KENNEL CLUB FORM
HOCHELAGA KENNEL CLUB

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

SWEEPSTAKES
(MRTDF & Scottish Terriers-Sat)

SPECIALTIES

- Doberman Pinscher Club de Grand Montreal - Saturday
- Queen Lure Coursing Association - Saturday
- Mount Royal Toy Dog Fanciers
- Canadian Scottish Terrier Club - Saturday
- Canadian Scottish Terrier Club - Sunday

- 3-6 mths
- 6-9 mths
- 9-12 mths
- 12-18 mths

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"/> Specials Only | <input type="checkbox"/> Brace |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Stud Dog |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Altered | <input type="checkbox"/> Brood Bitch |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Veterans | | <input type="checkbox"/> Parade of Titleholders |
| | | | <input type="checkbox"/> Parade of Veterans |

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 _____ Is this a Puppy?
 D ___ M ___ Y _____ 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 _____

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 # _____