



OFFICIAL CANADIAN KENNEL CLUB FORM
HOCHELAGA KENNEL CLUB

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

SPECIALTIES

**SWEEPSTAKES
 (MRTDF)**

- Doberman Pinscher Club de Grand Montreal - Saturday
- Queon Lure Coursing Association - Saturday
- Mount Royal Toy Dog Fanciers - 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"/> 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 # _____