



OFFICIAL CANADIAN KENNEL CLUB FORM  
**Vizsla Canada**  
**Field Dog Tests, Sept. 15-17, 2023**

TEST# 1 (Fri-Sat) FDJ   
 FD   
 FDA   
 FDX

TEST# 2 (Sat-Sun) FDJ   
 FD   
 FDA   
 FDX

Total enclosed \$ \_\_\_\_\_ For Entry Fees \$ \_\_\_\_\_ For Listing Fees \$ \_\_\_\_\_  
*Please Type or Print Clearly*

Breed \_\_\_\_\_ Sex: \_\_\_\_\_

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

Handler: \_\_\_\_\_ Dog's Call Name: \_\_\_\_\_

Check One - and - enter number here <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> TCN No.	Date of Birth _____ / _____ / _____ DD / MM / YYYY	On show date, is this a puppy? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeders(s) \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Reg'd Owner(s) \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Owner's Agent (if any): \_\_\_\_\_

Agent's Address \_\_\_\_\_

City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal Code \_\_\_\_\_

EMAIL ID TO:  Owner  Agent

I (WE) 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 on this entry. In consideration of the acceptance of this entry, I 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.

test-giving club, its members, agents and landowners free from liability for any claims arising out of the entry of the dog or its pres

\_\_\_\_\_  
 SIGNATURE OF OWNER OR AGENT

\_\_\_\_\_  
 TELEPHONE NO.

E-mail address: \_\_\_\_\_