





OFFICE USE		OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM		OFFICE USE
Canadian Scottish Terrier Club September 17, 2021				
I ENCLOSE \$ _____		ENTRY FEES \$ _____		
		TCN FEES \$ _____		
PLEASE TYPE OR PRINT CLEARLY				
BREED		Variety:	__ MALE __ FEMALE	
TEST(S) ENTERED				
Test I IQ _____ AVE _____ JE _____ ME _____ SE _____			Call Name:	
REG. NAME OF DOG				
CHECK ONE AND ENTER NUMBER HERE			DATE OF BIRTH	
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC ERN NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC TCN NO. <input type="checkbox"/> CKC PEN NO.			_____/_____/_____ Day Month Year	
NUMBER:			PLACE OF BIRTH __ CANADA __ ELSEWHERE	
BREEDER(S)				
SIRE				
DAM				
REG'D OWNER(S)				
OWNER'S ADDRESS				
CITY		PROV./STATE	POSTAL CODE	
NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW				
AGENT'S ADDRESS				
CITY		PROV./STATE	POSTAL CODE	
ID'S WILL NOT BE MAILED – PLEASE SUPPLY VALID EMAIL ADDRESS BELOW FOR ENTRY CONFIRMATION				
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.				
SIGNATURE OF OWNER OR AGENT			TELEPHONE NUMBER	
E-MAIL ADDRESS:				

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