



OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM

**WILDWOOD KENNEL CLUB**

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

Conformation	Baby Puppy	Listing Fee	Limited Breed Shows
Thurs Jan 30 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Jan 30 - Group 2
Fri Jan 31 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Jan 31 - Group 1
Sat Feb 1 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Feb 1 - European Breeds
Sun Feb 2 <input type="checkbox"/> \$32.00	<input type="checkbox"/> \$17.00	<input type="checkbox"/> \$11.30	<input type="checkbox"/> Feb 2 - Group 3

I ENCLOSE \$ \_\_\_\_\_ FOR TOTAL ENTRY FEES Pre-ordered Catalogue - \$8

Breed \_\_\_\_\_ Variety \_\_\_\_\_ Sex \_\_\_\_\_

Enter in the following classes:

- |   |  |
|---|--|
| <input type="checkbox"/> Baby Puppy (Fri, Sat, Sun) | <input type="checkbox"/> Bred by Exhibitor |
| <input type="checkbox"/> Junior Puppy               | <input type="checkbox"/> Open              |
| <input type="checkbox"/> Senior Puppy               | <input type="checkbox"/> Specials Only     |
| <input type="checkbox"/> 12-18 Months               | <input type="checkbox"/> Exhibition Only   |
| <input type="checkbox"/> Canadian Bred              |  |

Name of Dog \_\_\_\_\_

Check One and Enter Number Here

- C.K.C.Reg.No.  
 C.K.C.ERN No.  
 C.K..C.Misc.Cert.No.  
 Listed (no C.K.C.No.)

Date of Birth D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_ Is this a Puppy?  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 \_\_\_\_\_

Email / Mail I.D.to

- Owner.  
 Agent

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT TELEPHONE NO. \_\_\_\_\_

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 # \_\_\_\_\_