



OFFICIAL CANADIAN KENNEL CLUB FORM
ONTARIO BREEDERS ASSOCIATION

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

- () Fri. Mar 1 - Southern Ont Scent Hounds () Sun. Mar 3 - Southern Ont Scent Hounds
 () Sat. Mar 2 - Boxer Club of Central ON () Sun. Mar 3 - Boxer Club of Central ON
 () Sat. Mar 2 - Dogs of France Southern ON
 () Sun. Mar 3 - Ontario Bouvier des Flandres Club
 () Pre-paid Catalogue

Total: \$ _____ Entry Fees: \$ _____ Listing Fees: \$ _____ Catalog: \$ _____
 Breed _____ Variety _____ Sex _____

- | | | | | |
|---------------------------------------|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Baby Puppy | <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Specials Only | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Sweepstakes |
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Altered | | <input type="checkbox"/> 6-9 mths |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brace | | <input type="checkbox"/> 9-12 mths |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Veterans | <input type="checkbox"/> Stud Dog | | <input type="checkbox"/> 12-18 mths |

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
 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 _____

Mail 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.

E-mail _____

FAX SERVICES - VISA / MASTERCARD / AMEX - (450) 825-0894

Card number: _____ Expiry date _____

Name of Card Holder: _____ Security Code _____