



OFFICIAL CANADIAN KENNEL CLUB FORM

Chesapeake Bay Retriever Club of Canada

WORKING CERTIFICATE TESTS (WC, WCI, and WCX)

Two concurrent trials on _____ (insert date)
Woodville, Ontario

Please type or print clearly

Table with columns: Breed, Variety, Sex. Includes checkboxes for WC, WCI, WCX Trial A and B, and a note: Dogs may enter one or both trials at the same level.

Reg. Name of Dog

Check One - and- Enter Number here

- CKC Reg. No.
CKC PEN No.
CKC ERN No.
CKC Misc. Cert. No.
Listed (No CKC number)

Date of Birth (circle month)

Jan Feb Mar Apr May June
July Aug Sept Oct Nov Dec

D _____ 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 Show

Agent's Address

City Prov. Postal Code

Mail I.D. to Owner or Agent

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.

SIGNATURE OF OWNER OR AGENT
Please include e-mail address (below), if available.

TELEPHONE NO.



OFFICIAL CANADIAN KENNEL CLUB FORM

Chesapeake Bay Retriever Club of Canada

WORKING CERTIFICATE TESTS (WC, WCI, and WCX)

Two concurrent trials on _____ (insert date)
Woodville, Ontario

Please type or print clearly

Table with columns: Breed, Variety, Sex. Includes checkboxes for WC, WCI, WCX Trial A and B, and a note: Dogs may enter one or both trials at the same level.

Reg. Name of Dog

Check One - and- Enter Number here

- CKC Reg. No.
CKC PEN No.
CKC ERN No.
CKC Misc. Cert. No.
Listed (No CKC number)

Date of Birth (circle month)

Jan Feb Mar Apr May June
July Aug Sept Oct Nov Dec

D _____ 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 Show

Agent's Address

City Prov. Postal Code

Mail I.D. to Owner or Agent

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.

SIGNATURE OF OWNER OR AGENT
Please include e-mail address (below), if available.

TELEPHONE NO.

