

**OFFICIAL ENTRY FORM**

**Vizsla Canada Inc.**

FEE \_\_\_\_\_

LISTING FEE \_\_\_\_\_

Field Dog Test for Pointing Breeds

TOTAL \_\_\_\_\_

Date September 16, 2017

**TEST ENTERED**

Test 1 \_\_\_\_\_

Test 2 \_\_\_\_\_

\_FDJ \_FD \_FDA \_FDX

\_FDJ \_FD \_FDA \_FDX

**DOG INFORMATION**

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

Call Name \_\_\_\_\_

Breed \_\_\_\_\_ \_\_Male \_\_Female

\_CKC registration # \_\_\_\_\_ \_CKC miscellaneous # \_\_\_\_\_ Listed \_\_\_\_\_

\_ ERN # \_\_\_\_\_ PRN # \_\_\_\_\_

DD MM YY

Date of Birth \_\_\_\_\_ Place of birth \_Canada \_other

Breeder \_\_\_\_\_

Sire \_\_\_\_\_ Dame \_\_\_\_\_

**OWNER(S) AGENT INFORMATION**

Registered Owner(s) \_\_\_\_\_

Owner's address \_\_\_\_\_

Handler's address \_\_\_\_\_

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual owner(s) whose name(s) I have entered above and accept 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/Handler

Telephone #

Email