

THE CANADIAN KENNEL CLUB  
200 RONSON DRIVE, SUITE 400  
ETOBICOKE, ONTARIO, M9W 5Z9  
PHONE: (416) 675-5511  
LANCE NOVAK, Executive Director

CKC DIRECTOR FOR ZONE 6  
DR. PAUL ECKFORD  
PAUL@TINYBEARPOMS.COM

CKC TRACKING REP. FOR ZONE 6  
LAURA MCKAY  
LAURAMCKAY8@SYMPATICO.CA

SCENTRAL ONTARIO TRACKERS WILL USE ALL REASONABLE CARE TO GUARANTEE THE SAFETY OF DOGS AND PERSONS AT THE TEST. HOWEVER NEITHER SCENTRAL ONTARIO TRACKERS NOR ANY INDIVIDUAL WILL ACCEPT THE RESPONSIBILITY FOR LOSS OR INJURY, HOWEVER CAUSED, TO ANY DOG, PERSON OR PROPERTY.

It shall be the duty, and obligation of the test-giving club to see that a judge, club volunteer, or any participant at an event held under these rules, is not subject to indignities of any kind.

**ACCOMODATIONS:**

Below are motels in the area. Exhibitors should check with the individual motels as to whether they allow dogs in the rooms.

COMFORT INN 480 Silvercreek Parkway, Guelph, ON (519) 763-1900  
HOLIDAY INN 601 Scottsdale Drive, Guelph, ON (519) 836-0231  
DAYS INN 785 Gordon Street, Guelph, ON (519) 822-9112

**Please clean up after your dog(s) in all places.**

**Exhibitors will be held responsible for any and all damage done by their dog(s).**



**OFFICIAL PREMIUM LIST**

**13<sup>th</sup> LICENSED TRACKING TEST**

THIS TEST IS HELD UNDER THE RULES OF THE CANADIAN KENNEL CLUB

THIS TEST IS OPEN TO MIXED AND UNRECOGNIZED BREEDS

**UTD & UTDX TRACKING TEST**

**SUNDAY October 21, 2018**

**GUELPH, ONTARIO**

**JUDGE (UTD, UTDX): Jane E. Book**

**R.R. #3, 2936 Mountain Road, Smithville, ON L0R 2A0**

**CLOSING DATE: October 3, 2018 at 8:00 PM**

The club cannot accept entries received after this date and time.

**LIMIT OF ENTRIES: 4 UTD, 1 UTDX**

**FEES: UTD \$75.00 UTDX \$90.00**

**CKC Listing Fee (if applicable) \$ 11.30**

A listing fee must be included for all dogs not registered with the Canadian Kennel Club. **US Exhibitors: payment MUST be made out for the full entry amount in Canadian Funds. \$U.S. personal cheques marked "Payable in Canadian Funds" or "At Par" will not be accepted. Bank drafts or money orders payable in Canadian funds are probably the best choice.**

Please make cheque payable to: **SCENTRAL ONTARIO TRACKERS**

Send entries with the correct fees to:

**MADLINE AUSTEN, Test Secretary**

**3090 20 Sideroad, RR#1 Campbellville, ON, L0P 1B0**

## CLUB OFFICERS

President	Andrea Lister
Vice President	Sue Trout
Secretary	Laura Wright, 7699 Maltby Road E, Puslinch, ON N0B 2J0
Treasurer	Joan Robinson

## TEST COMMITTEE

Test Chair	Andrea Lister, 154 Clarke Road, Paris, ON N3L 3E1
Test Secretary	<b>Madeline Austen 905-854-4994 madpete92@xplornet.ca</b>
Treasurer	Joan Robinson
Trophy	Shirley Szilvasy

**VETERINARIAN:** Campus Estates Animal Hospital, 1460 Gordon St. S., Guelph  
519-837-1212 (after-hours emergencies: 519-837-1214)

## SCENTRAL ONTARIO TRACKERS WILL NOT BE RESPONSIBLE FOR ANY VETERINARY COSTS

**ERN:** All dogs that are foreign born and foreign owned that enter Canada for the sole purpose of entering CKC events require an Event Registration Number. The ERN number MUST be applied for within 30 days of the first day of entering a CKC event.

**PEN:** A Performance Event Number allows an unregistrable dog of a CKC recognized breed to participate in those competitive events that are appropriate for the breed. A dog that is eligible for a PEN may not be entered as a listed dog. Dogs may only enter events after a PEN has been issued to that dog. This restriction shall also apply to dogs with ILP numbers.

**CCN:** Mixed breeds and non-recognized breeds require a Canine Companion Number, the application for which involves meeting specific criteria as set out by the CKC.

**Non-Member Participation Fee:** “This fee applies only to dogs wholly owned by non-CKC members and is not applicable to CKC members.” An annual non-member participation fee for awards and titles will be charged to a Canadian non-member of CKC. The fee will match the ERN fee. In order to protect the awards/titles earned, the non-member will have a choice either to become a CKC member or to pay the non-member participation fee for each dog. Failure to comply within 30 days of notification will cause all awards and titles to be cancelled.

**BITCHES IN SEASON:** Bitches in season will be permitted to compete but will be assigned the last track.

All dogs must be kept on leash and under control at all times.

**PRIZES: A Rosette will be awarded to every successful participant**

All entries must be on an official CKC entry form. Owners are responsible for errors in making out entry forms, regardless of who completes them.

Incomplete or improper entry forms will not be accepted. Entries must be mailed or sent by courier to the postal address of the Test Secretary. Faxed, emailed or hand delivered entries will be rejected.

**MAIL OR COURIER DELIVERIES MUST NOT  
REQUIRE A SIGNATURE FOR DELIVERY**

Entries will not be accepted unless accompanied by the appropriate fee. **NO POST-DATED CHEQUES WILL BE ACCEPTED.** 1 UTD track will be reserved for a club worker, as per CKC rule 6.6.2.

Withdrawals must be in writing and are subject to the CKC tracking rules.

### **CONFIRMATION OF ENTRY:**

The test secretary will confirm receipt of entry on the day the entry is received. Confirmation of position of the exhibitor in the test, or on the alternate list, will be provided within 24 hours of the entry draw.

### **ALTERNATE LIST:**

All entries that were not drawn for a place in the test shall be assigned a position on the alternate list in the order drawn in the entry draw. At the time of the draw for tracks on test day, entries from the alternate list may fill any absentee spaces. Entry fees will be refunded within ten days of the tracking test to those on the alternate list who did not participate in the test.

**THE ENTRY DRAW WILL TAKE PLACE ON OCTOBER 4 AT 6:45 PM  
AT 7699 MALTBY ROAD EAST, PUSLINCH, ON**

**THE DRAW FOR TRACKS ON TEST DAY WILL BE AT 8:00 AM  
AT STARBUCKS, 11 CLAIR ROAD WEST, GUELPH, ON  
THE TEST WILL START AT 8:30 AM.**



**Official Canadian Kennel Club Entry Form**  
**SCENTRAL ONTARIO TRACKERS**  
 UTD & UTDX TRACKING TEST  
 SUNDAY OCTOBER 21, 2018

Entry Fee \_\_\_\_\_ Listing Fee (\$11.30) \_\_\_\_\_ TOTAL \_\_\_\_\_

MAIL ENTRIES TO: Madeline Austen, Test Secretary  
 3090 20 Sideroad, RR#1, Campbellville ON L0P 1B0  
 Entries close October 3, 2018

BREED: \_\_\_\_\_ VARIETY: \_\_\_\_\_ SEX:  Male  Female  
 CLASS:  UTD (\$75)  UTDX (\$90)  
 Check here if the dog has already earned the title for the class you are entering

REG. NAME OF DOG: \_\_\_\_\_

CKC REG.  CKC ERN  CKC PEN  CKC MISC.  LISTED  CKC CCN  
 CHECK ONE AND ENTER NUMBER HERE: \_\_\_\_\_

DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Call name: \_\_\_\_\_  
 PLACE OF BIRTH:  Canada  Elsewhere

BREEDER(S): \_\_\_\_\_

SIRE: \_\_\_\_\_

DAM: \_\_\_\_\_

REG'D OWNER(S): \_\_\_\_\_ CKC Member # \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME OF OWNER'S AGENT: \_\_\_\_\_

AGENT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

SEND ANY COMMUNICATION TO:  OWNER  AGENT

I CERTIFY that I am the registered owner(s) of the dog or that I am authorized agent of the owner(s) whose names 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 NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



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CKC REG.  CKC ERN  CKC PEN  CKC MISC.  LISTED  CKC CCN  
 CHECK ONE AND ENTER NUMBER HERE: \_\_\_\_\_

DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Call name: \_\_\_\_\_  
 PLACE OF BIRTH:  Canada  Elsewhere

BREEDER(S): \_\_\_\_\_

SIRE: \_\_\_\_\_

DAM: \_\_\_\_\_

REG'D OWNER(S): \_\_\_\_\_ CKC Member # \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME OF OWNER'S AGENT: \_\_\_\_\_

AGENT'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_