

Office Use Only



Official Entry Form

(GROUP SPECIALTY CONFORMATION SHOW)

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VANCOUVER ISLAND TOY DOG CLUB

ENTRIES CLOSE: WEDNESDAY, May 31st, 2017 @ 9:00pm PDT
Sat (June 17th)

Cheques made payable to Vancouver Island Toy Dog Club
Mail to Classic Show Services #109-30989 Westridge Place Abbotsford, B.C. V2T 0E7 (604)-845-9510
Online and fax entry information at www.dogshow.ca

Entry Fee \$ _____ Listing Fee \$ _____
Total Enclosed \$ _____

<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Stud & Get	<input type="checkbox"/> Brood Bitch & Progeny
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Open	<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Altered
<input type="checkbox"/> 12-18 Months	<input type="checkbox"/> Veteran	<input type="checkbox"/> Brace	<input type="checkbox"/> Parade of Champions
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Parade of Veterans

DOG INFORMATION *please print clearly*****

Breed _____ Variety _____ Male Female

Reg'd Name of Dog _____

CKC Reg # CKC Misc. # CKC ERN # LISTED Insert # Here _____

Date Of Birth _____ Place of Birth: Canada Elsewhere Yes No
Puppy: Yes No

Breeder(s) _____

Sire _____

Dam _____

OWNER/AGENT INFORMATION

Reg'd Owner(s) _____ Membership # _____

Agent _____

Owner's Address _____ Postal Code _____

VISA Mastercard American Express A service charge of 10% will be assessed.

Credit Card # _____ Exp.Date _____ Name of Cardholder _____

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 the consideration of the acceptance of this entry, I 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/Agent _____ Ph.# () _____

Email Address (required) _____