



OFFICIAL CANADIAN KENNEL CLUB FORM

Vizsla Canada

Field Dog Tests, Sept. 17-18, 2022

TEST# 1(Saturday) FDJ
 FD
 FDA
 FDX

TEST# 2 (Sunday) FDJ
 FD
 FDA
 FDX

Total enclosed \$ _____

For Entry Fees \$ _____

For Listing Fees \$ _____

Please Type or Print Clearly

Breed _____

Sex: _____

Reg. Name of Dog _____

Handler: _____

Dog's Call Name: _____

Check One - and - enter number here

- CKC Reg. No.
- CKC Misc. Cert. No.
- CKC ERN No.
- TCN No.

Date of Birth

_____|_____|_____|_____|_____|_____|
 DD / MM / YYYY

On show date, is this a puppy?

Yes
 No

Place of Birth

Number: _____ Canada Elsewhere

Breeders(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov./State _____ Postal Code _____

Name of Owner's Agent (if any): _____

Agent's Address _____

City _____ Prov./State _____ Postal Code _____

EMAIL ID TO: Owner Agent

I (WE) 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 on this entry. In 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.

I (we) further agree that the dog entered is and will be at this test at my (our) own risk and that I (we) will hold the test-giving club, its members, agents and landowners free from liability for any claims arising out of the entry of the dog or its pres

SIGNATURE OF OWNER OR AGENT

250-546-2991
TELEPHONE NO.

E-mail address: _____