



**OFFICIAL CANADIAN KENNEL CLUB FORM**  
**BC All Breed Pointer Club**  
**Field Dog Tests - April 16 - 17, 2016**

TEST#1	FDU				TEST#2	FDU				TEST#3	FDU			
	FD					FD					FD			
	FDA					FDA					FDA			
	FDX					FDX					FDX			

I Enclose \$ \_\_\_\_\_ For Entry Fees \$ \_\_\_\_\_ For Listing Fees \$ \_\_\_\_\_  
*Please Type or Print Clearly*

Breed	Sex
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Reg. Name	Dog's Call Name
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Handler	Dog's Call Name
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Check One -and - enter number here	Date of Birth (D/M/Y)	Is this a puppy?
<input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> CKC Misc. Cert. No. <input type="checkbox"/> Listed <input type="checkbox"/> Foreign No. & Country	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	<input type="checkbox"/> Yes <input type="checkbox"/> No

Breeders(s)
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Site
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Dam
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Reg'd Owner(s)
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Owner's Address
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City	Prov.	Postal Code
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Name of Owner's Agent/Handler at the Test
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Agent's Address
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City	Prov.	Postal Code
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I (we) hereby certify that I (we) 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 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.

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 presence at the test.

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

E-mail address: \_\_\_\_\_



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