Image: Constrained on the problem of the problem o
Call Name: Breed:
Sex: Male Female (If Female, will she be in season on test day? Yes No Test Class: DRAFT DOG DRAFT DOG EXCELLENT BRACE DRAFT DOG BRACE DRAFT DOG EXCELLENT BRACE DRAFT DOG BRACE DRAFT DOG EXCELLENT RE-QUALIFICATION In case of brace teams, fill out separate entry form for each dog. Note: If DDX entries do not fill they will be replaced with 2 DD entries. Date of Birth: DY Place of Birth: □ Canada □ Elsewhere Check one and enter number: □ LISTED CKC Reg #
CKC Reg. # □ CKC ERN # CKC Mise. Cert. # □ CKC Pen # CCN Canine Companion #
CKC Mise. Cert. # CCN Canine Companion #
Breeder(s):
Sire:
Dam:
Reg'd Owner(s): CKC#
Owner's Address:
City: Prov.: Postal Code
E-Mail:
Name of Owner's Agent (if any) at Test: 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 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.