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|--|--|---|--|--|
| OFFICE USE   |   | OFFICIAL CANADIAN KENNEL CLUB ENTRY FORM<br><b>Toy Dog Club of Alberta</b><br><b>June 3, 2017</b><br>Please send entries to: Erin Verwey<br>243 Mahogany Landing SE Calgary, AB T3M 1X4 | <br>Toy Dog Club of Alberta | OFFICE USE   |
|  |  | _____ Entry Fee<br>_____ Listing Fee<br>_____ Prepaid Catalogue<br>_____ Total  |  |  |
| PLEASE TYPE OR PRINT CLEARLY   |  |   |  |  |
| <b>BREED</b>   |  |   | VARIETY  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
| ENTER IN THE FOLLOWING CLASSES:  |  |   |  |  |
| CONFORMATION   |  |   |  |  |
| <input type="checkbox"/> BABY PUPPY<br><input type="checkbox"/> JUNIOR PUPPY<br><input type="checkbox"/> SENIOR PUPPY<br><input type="checkbox"/> 12 - 18 MONTH<br><input type="checkbox"/> CANADIAN BRED<br><input type="checkbox"/> BRED BY EXHIBITOR  | <input type="checkbox"/> OPEN<br><input type="checkbox"/> SPECIALS ONLY<br><input type="checkbox"/> EXHIBITION ONLY<br><input type="checkbox"/> EXHIBITION ONLY (3-6 Mo.)<br><input type="checkbox"/> VETERANS | <input type="checkbox"/> BRACE<br><input type="checkbox"/> STUD DOG & GET<br><input type="checkbox"/> BROOD BITCH & PROGENY   |  |  |
| <b>REG. NAME OF DOG</b>  |  |   |  |  |
| CHECK ONE - AND - ENTER NUMBER BELOW   |  | DATE OF BIRTH   |  | ON SHOW DATE IS THIS A PUPPY?                                    |
| <input type="checkbox"/> CKC REG. NO.<br><input type="checkbox"/> CKC MISC. CERT. NO.<br><input type="checkbox"/> CKC PEN NO.  | <input type="checkbox"/> CKC ERN NO.<br><input type="checkbox"/> LISTED  | _____ / _____ / _____<br>Month                      Day                      Year   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO         |
| NUMBER:  |  | PLACE OF BIRTH  |  |  |
|  |  | <input type="checkbox"/> CANADA <input type="checkbox"/> ELSEWHERE  |  |  |
| BREEDER(S)   |  |   |  |  |
| SIRE   |  |   |  |  |
| DAM  |  |   |  |  |
| REG'D OWNER(S)   |  |   |  |  |
| OWNER'S ADDRESS  |  |   |  |  |
| CITY   |  | PROV./STATE   |  | POSTAL CODE  |
| NAME OF OWNER'S AGENT (IF ANY) AT THE SHOW   |  |   |  |  |
| AGENT'S ADDRESS  |  |   |  |  |
| CITY   |  | PROV./STATE   |  | POSTAL CODE  |
| <b>IDs will not be mailed - please supply email address below for entry confirmation</b>   |  |   |  |  |
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX<br>CARD NO. _____  |  |   | EXPIRY _____ / _____   |  |
| CARDHOLDER NAME (PLEASE PRINT) _____   |  |   |  |  |
| 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. |  |   |  |  |
| SIGNATURE OF OWNER OR AGENT _____  |  |   |  |  |
| E-MAIL: _____  |  |   | TELEPHONE NUMBER _____   |  |