

	Official Canadian Kennel Club Entry Form <b>Swedish Vallhund Club of Canada</b> <b>National Specialty</b>
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Entry Fees	_____ x	\$30.00	=	\$	_____
Non Regular	_____ x	\$15.00	=	\$	_____
Exhibition Only	_____ x	\$10.00	=	\$	_____
Listing Fee	_____ x	\$ 9.80	=	\$	_____
Sweeps	_____ x	\$15.00	=	\$	_____
Catalog	_____ x	\$ 5.00	=	\$	_____
Total:				\$	_____

Please Print or type CLEARLY

Enter in one only of the following classes		CONFORMATION
<input type="checkbox"/> Baby Puppy	<input type="checkbox"/> Veterans 10-13 yr	<input type="checkbox"/> Puppy Sweeps 3-6 mos
<input type="checkbox"/> Junior Puppy	<input type="checkbox"/> Veterans 13 yr & up	<input type="checkbox"/> Puppy Sweeps 6-9 mos
<input type="checkbox"/> Senior Puppy	<input type="checkbox"/> Specials Only	<input type="checkbox"/> Puppy Sweeps 9-12 mos
<input type="checkbox"/> 12 -18 months	<input type="checkbox"/> Stud Dog	<input type="checkbox"/> Puppy Sweeps 12-18 mos
<input type="checkbox"/> Canadian Bred	<input type="checkbox"/> Brood Bitch	<input type="checkbox"/> Veteran Sweeps 7-10 yrs
<input type="checkbox"/> Bred By Exhibitor	<input type="checkbox"/> Brace	<input type="checkbox"/> Veteran Sweeps 10-13 yrs
<input type="checkbox"/> Open	<input type="checkbox"/> Exhibition Only	<input type="checkbox"/> Veteran Sweeps 13 & up
<input type="checkbox"/> Veterans 7-10 yr	<input type="checkbox"/> Altered	

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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**NAME OF DOG**

Check one & enter Reg # here

CKC Reg # \_\_\_\_\_  
 CKC ERN # \_\_\_\_\_  
 CKC MSC # \_\_\_\_\_  
 Listed \_\_\_\_\_

**Date of Birth**

\_\_\_\_\_  
 Day    Month    Year

**Is this a puppy?**

YES \_\_\_ NO \_\_\_

**Place Of Birth** \_\_\_ Canada \_\_\_ Elsewhere

**BREEDER**

**SIRE**

**DAM**

**REG. OWNER**

**OWNER ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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**AGENT NAME**

**AGENT ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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**Email** \_\_\_\_\_ **Mail ID to:** \_\_\_ OWNER or \_\_\_ AGENT

I CERTIFY that I am the registered owner(s) of this 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. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.

\_\_\_\_\_  
Signature of agent or owner

\_\_\_\_\_  
Phone Number

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<input type="checkbox"/> Veterans 7-10 yr	<input type="checkbox"/> Altered	

<b>BREED</b>	<b>VARIETY</b>	<b>SEX</b>
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**NAME OF DOG**

Check one & enter Reg # here

CKC Reg # \_\_\_\_\_  
 CKC ERN # \_\_\_\_\_  
 CKC MSC # \_\_\_\_\_  
 Listed \_\_\_\_\_

**Date of Birth**

\_\_\_\_\_  
 Day    Month    Year

**Is this a puppy?**

YES \_\_\_ NO \_\_\_

**Place Of Birth** \_\_\_ Canada \_\_\_ Elsewhere

**BREEDER**

**SIRE**

**DAM**

**REG. OWNER**

**OWNER ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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**AGENT NAME**

**AGENT ADDRESS**

<b>CITY</b>	<b>PROV</b>	<b>POST CODE</b>
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\_\_\_\_\_  
Signature of agent or owner

\_\_\_\_\_  
Phone Number