



# OFFICIAL ENTRY FORM (Draft Dog Test)

Name of Club: \_\_\_\_\_

### EVENT INFORMATION

FEES: Entry Fee \$ \_\_\_\_\_ Listing Fee \$ \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

### LEVEL ENTERED:

| DATE (Test 1)  | DATE (Test 2)  | DATE (Test 3)  |
|--|--|--|
| <input type="checkbox"/> Draft Dog<br><input type="checkbox"/> Draft Dog Excellent<br><input type="checkbox"/> Brace Draft Dog<br><input type="checkbox"/> Brace Draft Dog Excellent | <input type="checkbox"/> Draft Dog<br><input type="checkbox"/> Draft Dog Excellent<br><input type="checkbox"/> Brace Draft Dog<br><input type="checkbox"/> Brace Draft Dog Excellent | <input type="checkbox"/> Draft Dog<br><input type="checkbox"/> Draft Dog Excellent<br><input type="checkbox"/> Brace Draft Dog<br><input type="checkbox"/> Brace Draft Dog Excellent |
| Is this for Requalification? <input type="checkbox"/> YES <input type="checkbox"/> NO  | Is this for Requalification? <input type="checkbox"/> YES <input type="checkbox"/> NO  | Is this for Requalification? <input type="checkbox"/> YES <input type="checkbox"/> NO  |

### DOG INFORMATION

Registered Name of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Call Name: \_\_\_\_\_ Male  Female

|   |  |                           |
|---|--|---------------------------|
| <input type="checkbox"/> CKC Registration # | <input type="checkbox"/> CKC Miscellaneous # | Insert Number Here: _____ |
| <input type="checkbox"/> CKC ERN #          | <input type="checkbox"/> Listed              |                           |
| <input type="checkbox"/> CKC PEN #          |  |                           |

Date of Birth: dd mm yy Place of Birth:  Canada  Elsewhere

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

### OWNER(S) & AGENT INFORMATION

Registered Owner(s): \_\_\_\_\_ Membership No. \_\_\_\_\_  
\_\_\_\_\_ Membership No. \_\_\_\_\_  
\_\_\_\_\_ Membership No. \_\_\_\_\_

Handler: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Name of Agent (if any): \_\_\_\_\_

Agent's Address: \_\_\_\_\_  
Street Address City Prov. Postal Code

I CERTIFY that I am the registered owner(s) of the dog or that I am the authorized agent of the actual 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 ( ) Telephone Number Email



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Date of Birth: dd mm yy Place of Birth:  Canada  Elsewhere

Breeder: \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

### OWNER(S) & AGENT INFORMATION

Registered Owner(s): \_\_\_\_\_ Membership No. \_\_\_\_\_  
\_\_\_\_\_ Membership No. \_\_\_\_\_  
\_\_\_\_\_ Membership No. \_\_\_\_\_

Handler: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

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Agent's Address: \_\_\_\_\_  
Street Address City Prov. Postal Code

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