



OFFICIAL CANADIAN KENNEL CLUB FORM
Vizsla Canada

Field Dog & Water Dog Tests - August 22-23, 2020

TEST#1 (Saturday)	FDJ <input type="checkbox"/>	TEST#2 (Sunday)	FDJ <input type="checkbox"/>
	FD <input type="checkbox"/>		FD <input type="checkbox"/>
	FDA <input type="checkbox"/>		FDA <input type="checkbox"/>
	FDX <input type="checkbox"/>		FDX <input type="checkbox"/>
	WDJ <input type="checkbox"/>		WDJ <input type="checkbox"/>

I Enclose: \$ _____ Entry Fees \$ _____ Temporary Competition Fees \$ _____

Breed _____ Sex _____

Reg. Name _____

Handler _____ Dog's Call Name _____

Check One -and - enter number here <input type="checkbox"/> CKC Reg. No. <input type="checkbox"/> CKC ERN No. <input type="checkbox"/> Temporary Competition Number <input type="checkbox"/> CKC Misc Nmber <input type="checkbox"/> Foreign No. & Country	Date of Birth (D/M/Y)	Is this a puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeders(s) _____

Sire _____

Dam _____

Reg'd Owner(s) _____

Owner's Address _____

City _____ Prov. _____ Postal Code _____

Name of Owner's Agent/Handler at the Test _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

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.

_____ check box to approve electronic signature

SIGNATURE OF OWNER OR AGENT _____

E-mail address: _____ TELEPHONE NO. _____



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For Prepaid Lunches \$7.50/day/person: # for Sat __ # for Sun __ = \$ _____

Breed _____ Sex _____

Reg. Name _____

Handler _____ Dog's Call Name _____

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