

Eukanuba Breeder's Stakes

Enter three dogs of the same breed from at least 2 different litters

REG. NAME OF DOG #1:		
CHECK ONE -AND- ENTER NUMBER HERE BELOW		DATE OF BIRTH
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO		Day Month Year
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:	P.C.
REG. NAME OF DOG #2:		
CHECK ONE -AND- ENTER NUMBER HERE BELOW		DATE OF BIRTH
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO		Day Month Year
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:	P.C.
REG. NAME OF DOG #3:		
CHECK ONE -AND- ENTER NUMBER HERE BELOW		DATE OF BIRTH
<input type="checkbox"/> CKC REG. NO. <input type="checkbox"/> CKC MISC. CERT. NO. <input type="checkbox"/> CKC ERN NO		Day Month Year
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:	P.C.
FAX/MAIL ENTRIES ONLY <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa CARD NO:		
		EXPIRY
CARDHOLDER NAME (PLEASE PRINT)		
<small>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.</small>		
Signature of Owner	Telephone:	
EMAIL:		