



**OFFICIAL CANADIAN KENNEL CLUB FORM**  
**BC All Breed Pointer Club**  
**Field Dog Tests - October 4 & 5, 2014**

Sat. Oct. 4 FD Junior       FD       FDX   
 Sun. Oct. 5 FD Junior       FD       FDX

I Enclose \$ \_\_\_\_\_ For Entry Fees \$ \_\_\_\_\_ For Listing Fees \$ \_\_\_\_\_  
*Please Type or Print Clearly*

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Reg. Name of Dog \_\_\_\_\_

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"/> CKC Misc. Cert. No. <input type="checkbox"/> Listed <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 (if any) at the Test \_\_\_\_\_

Agent's 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 owner(s) whose name(s) I have entered above and accept full responsibility for all statements made on this entry. In consideration of the acceptance of this entry, I 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 NO. \_\_\_\_\_

E-mail address: \_\_\_\_\_



**OFFICIAL CANADIAN KENNEL CLUB FORM**  
**BC All Breed Pointer Club**  
**Field Dog Tests - October 4 & 5, 2014**

Field Dog Junior     Field Dog     FDX

I Enclose \$ \_\_\_\_\_ For Entry Fees \$ \_\_\_\_\_ For Listing Fees \$ \_\_\_\_\_  
*Please Type or Print Clearly*

Breed \_\_\_\_\_ Sex \_\_\_\_\_

Reg. Name of Dog \_\_\_\_\_

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"/> CKC Misc. Cert. No. <input type="checkbox"/> Listed <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 (if any) at the Test \_\_\_\_\_

Agent's 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 owner(s) whose name(s) I have entered above and accept full responsibility for all statements made on this entry. In consideration of the acceptance of this entry, I 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 NO. \_\_\_\_\_

E-mail address: \_\_\_\_\_