



CANADIAN KENNEL CLUB

OFFICIAL ENTRY FORM

(Scent Detection)

Entry Fees \$		Listing / TCN Fee \$		Total \$	
Breed			Call Name		Sex
October 17, 2020	<input type="checkbox"/> Instinct <input type="checkbox"/> Novice Containers <input type="checkbox"/> Novice Interiors <input type="checkbox"/> Novice Exteriors <input type="checkbox"/> Open Containers <input type="checkbox"/> Open Interiors <input type="checkbox"/> Open Exteriors <input type="checkbox"/> Excellent Containers <input type="checkbox"/> Excellent Interiors <input type="checkbox"/> Excellent Exteriors				
Registered Name of Dog					
Please list the actual height of your dog					
Height Division: <input type="checkbox"/> Small, under 13" <input type="checkbox"/> Medium, 13" & under 20" <input type="checkbox"/> Large, 20" & over					
<input type="checkbox"/> CKC <input type="checkbox"/> ERN <input type="checkbox"/> PEN <input type="checkbox"/> MCN <input type="checkbox"/> CCN <input type="checkbox"/> TCN			Enter Number Here		
Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere			Date of Birth (MM/DD/YYYY)		
Breeder(s)					
Sire					
Dam					
Registered Owner(s)					
Owner's Address					
City		Province/State		Postal/Zip Code	
Name of Handler					
Handler's Address					
City		Province/State		Postal/Zip 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 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 the Owner or Agent

Telephone Number

Email