



Official Canadian Kennel Club Form



Ontario All Pointing Breed Field Dog Club

Please type or print

clearly

Field Tests For Pointing Breeds May 5 – 6, 2018

Breed:	Variety:	Sex:
Saturday May 5, 2018	Sunday May 6, 2018	

- | | | |
|---|--|---|
| <input type="checkbox"/> FIELD DOG JUNIOR | <input type="checkbox"/> FIELD DOG | <input type="checkbox"/> FIELD DOG ADVANCED |
| | <input type="checkbox"/> FIELD DOG EXCELLENT | |
| MORNING | | |
| <input type="checkbox"/> FIELD DOG JUNIOR | <input type="checkbox"/> FIELD DOG | <input type="checkbox"/> FIELD DOG ADVANCED |
| | <input type="checkbox"/> FIELD DOG EXCELLENT | |
| AFTERNOON | | |
| <input type="checkbox"/> FIELD DOG JUNIOR | <input type="checkbox"/> FIELD DOG | <input type="checkbox"/> FIELD DOG ADVANCED |
| | <input type="checkbox"/> FIELD DOG EXCELLENT | |

Registered Name Of Dog / Bitch

Call Name of Dog / Bitch

Check one and ENTER Number here	Date Of Birth	Is This A Puppy
<input type="checkbox"/> CKC Reg. No. _____	D ___ M ___ Y ___	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CKC ERN No. _____		
<input type="checkbox"/> CKC Misc. Cert.No. _____	Place of Birth	
<input type="checkbox"/> Listed	<input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere	

Breeder(s)

Sire

Dam

Reg'd Owner(s)

Owner's Address

City	Province/State	Postal/ZIP
------	----------------	------------

Name of Owner's Agent (if any) At The Field Test

Agent's Address

City	Province/State	Postal/ZIP
------	----------------	------------

I CERTIFY that I am the registered Owners(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 Owner or Agent Telephone No. FAX No. CKC545



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