

OFFICIEL CANADIEN KENNEL CLUB FORM



Irish Wolfhound Club Of Canada
 Mail to: Pascale Pontois,
 1890 Rang des Chutes, Ste Ursule, Qc J0K 3M0
Fax : 819 228 0615
Conformation
Saturday, June 10 2017



Total: \$ _____ Entry fees: \$ _____ Listing fees \$ _____ Catalog: \$ _____

BREED <h2 style="text-align: center; margin: 0;">IRISH WOLFHOUND</h2>	SEX
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INCRIVEZ DANS LES CLASSES SUIVANTES:

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Junior Puppy | <input type="checkbox"/> Open | <input type="checkbox"/> Brood Bitch | <input type="checkbox"/> Hindquarters |
| <input type="checkbox"/> Senior Puppy | <input type="checkbox"/> Veterans | <input type="checkbox"/> Brace | <input type="checkbox"/> Sexually Altered |
| <input type="checkbox"/> 12-18 Months | <input type="checkbox"/> Special Only | <input type="checkbox"/> Team | <input type="checkbox"/> Baby Puppy |
| <input type="checkbox"/> Canadian Bred | <input type="checkbox"/> Exhibition Only | <input type="checkbox"/> Gait | |
| <input type="checkbox"/> Bred by Exhibitor | <input type="checkbox"/> Stud Dog | <input type="checkbox"/> Head | |

REG. NAME OF DOG

<input type="checkbox"/> CKC Reg. No..... <input type="checkbox"/> CKC ERN No <input type="checkbox"/> (Listed) No CKC No	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

Breeder (s) _____

Sire _____

Dam _____

Reg'd. Owner(s) _____

Owner(s) address _____

City _____ Prov. _____ Postal Code _____ Email _____

Agent (s) address _____

Agents address _____

City _____ Prov. _____ Postal Code _____ Courriel _____

SVP Mail I.D. To Prop. Agent

Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Card number: _____ Expiry date ____ / ____ Name of Card holder _____ Verification Number Rear _____

I certify that I am the registered owner(s) of the dog or that I am 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) agreed to be bound by the rules and regulations of the Canadian Kennel Club and by the additional rules and regulations appearing in the premium list.

 SIGNATURE OF OWNER OR AGENT PHONE NUMBER