



Official Canadian Kennel Club Entry Form

British Columbia Labrador Retriever Club (1995) Society

Entry Fee \$ _____ Listing Fee \$ _____ Total \$ _____

Breed		Call Name	Sex
Test Entered <input type="checkbox"/> WC <input type="checkbox"/> WCI <input type="checkbox"/> WCX		Date of Test	
Registered Name of Dog			
<input type="checkbox"/> CKC <input type="checkbox"/> ERN <input type="checkbox"/> Listed		Enter Number Here	
Place of Birth <input type="checkbox"/> Canada <input type="checkbox"/> Elsewhere		Date of Birth (M/D/Y)	
Breeder(s)			
Sire			
Dam			
Registered Owner(s)			
Owner's Address			
City	Province	Postal Code	
Name of Handler			
Handler's Address			
City	Province	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 names(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 Number _____

Email _____



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