



OFFICIAL CANADIAN KENNEL CLUB FORM

Vizsla Canada Inc.

Field Dog Tests - Sept. 30 - Oct. 1, 2017

SEPT.30 - TEST#1 FDJ
 FD
 FDA
 FDX

OCT.1 - TEST#2 FDJ
 FD
 FDA
 FDX

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

Breed _____ Sex _____

Reg. Name _____

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 (please add \$8.93 to entry for each test) <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/Handler at the Test _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

I (we) hereby certify that I (we) 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.

I (we) further agree that the dog entered is and will be at this test at my (our) own risk and that I (we) will hold the test-giving club, its members, agents and landowners free from liability for any claims arising out of the entry of the dog or its presence at the test.

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NO. _____

E-mail address: _____



OFFICIAL CANADIAN KENNEL CLUB FORM

Vizsla Canada Inc.

Field Dog Tests - Sept. 30 - Oct. 1, 2017

SEPT.30 - TEST#1 FDJ
 FD
 FDA
 FDX

OCT.1 - TEST#2 FDJ
 FD
 FDA
 FDX

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

Breed _____ Sex _____

Reg. Name _____

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 (please add \$8.93 to entry for each test) <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/Handler at the Test _____

Agent's Address _____

City _____ Prov. _____ Postal Code _____

I (we) hereby certify that I (we) 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.

I (we) further agree that the dog entered is and will be at this test at my (our) own risk and that I (we) will hold the test-giving club, its members, agents and landowners free from liability for any claims arising out of the entry of the dog or its presence at the test.

SIGNATURE OF OWNER OR AGENT _____ TELEPHONE NO. _____

E-mail address: _____