Official Canadian Ker	Adm	inistrative use only						
Moncton Kennel Clu	ub 28 & 2	29 M	ay 2022					
[ ] Show 2 Same [ ] Show 3 Baby	e Exhibit all 4 Puppy & Vete Fees: Only: log:	Shows	x \$ 2 x \$ x \$	2.00 = 0.00 = 11.50 = 7.00 =	Image: second			
Please Print or type CLEARLY								
Enter in one only of the following class CONFORMATION	ses							
[] Baby Puppy[[] Junior Puppy[[] Senior Puppy[[] 12-18 Month[[] Canadian Bred	] Bred By Ex ] Open ] Specials O ] Ex. Only		[ ] Altered [ ] Veteran					
BREED			VARIETY		SEX			
Check one & enter Reg # here		Date Of Birth			Place Of Birth			
CKC MSC # TCN		Day	Month Year		_ Elsewhere			
BREEDER								
SIRE								
DAM								
REG. OWNER								
OWNER ADDRESS								
CITY	PROV		POST CODE					
AGENT NAME								
AGENT ADDRESS			1					
CITY	PROV		POST CODE					
Mail ID to: C	OWNER o	or	AGENT					
I CERTIFY that I am the registered owner(s) of this 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. Also, by signing this form I certify that I will not hold the Show giving Club, it's members, Directors, Employees or Agents liable in the event of any accident or misfortune however caused.								
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Official Canadian Kenne	Administrative use only							
Moncton Kennel Club								
[ ] Show 2 Same E	xhibit all 4 uppy & Vete es: y:	00 =         00 =         .00 =         .50 =         .00 =         .00 =						
Please Print or type CLEARLY								
[] Junior Puppy     []       [] Senior Puppy     []	<b>s</b> Bred By Ex Open Specials Of Ex. Only		[ ] Altered [. ] Veteran					
BREED			VARIETY	SEX				
NAME OF DOG				I				
Check one & enter Reg # here CKC Reg # CKC ERN # CKC MSC # TCN BREEDER		Date Day	Of Birth	Place Of Birth Canada Elsewhere				
SIRE								
DAM								
REG. OWNER								
OWNER ADDRESS								
CITY	PROV		POST CODE					
AGENT NAME								
AGENT ADDRESS								
CITY	PROV		POST CODE	POST CODE				
Mail ID to:OWNER orAGENT								
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Signature of agent or owner

Phone Number

Email: \_\_\_\_