

CKC M/S#:

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OFFICIAL BEAGLE MEASUREMENT FORM

Instructions:

- This form to be signed by all Registered Owners.
- All required sections of the application must be complete.
- Completed application and supporting documentation must be sent to the attention of Shows & Trials to the above address or emailed to information@ckc.ca

Section 1:	measurement fee. The application will						sentative w	пт те арргорпате
CKC Registered Name:								
Date of Birth:	mm/dd/yy	☐ Male	· 🗆	Female	CKC Re	gistration Number:		
Name of Register	red Owner:					Telephone No.:		
Registered Name	e of Owner:					Telephone No.:		
Registered Name	e of Owner:					Telephone No.:		
Section 2: To be completed by the registered owners of the dog being measured in the presence of the Official Measurers on the day of the measurement. I/We hereby certify to The Canadian Kennel Club and to the Official Measurer that the dog now being presented for offficial measurement is the dog identified in Section 1 of this application.								
Name of Owner:		0	wner's S	Signature:			Date:	
Name of Owner:		0	wner's S	Signature:			Date:	
Name of Owner:		0	wner's S	Signature:			Date:	
Section 3:	To be completed by the Official Mea	surers						
	r to The Canadian Kennel Club that we standard acceptable to The Canadian			ne Beagle ident	ified in Sec	tion 1 above, and tha	at the meas	uring was done with a
Measurement:				Class Mea	sured In:			
Signature of BFT	Representative:					Date:		
Signature of Office	cial Measurer:					CKC M/S#:		
Signature of Office	sial Measurer:					CKC M/S#:		

Signature of Official Measurer: