5397 EGLINTON AVE W, SUITE 101, ETOBICOKE, ON, M9C 5K6 | TEL (416) 675-5511 | 1 (855) 364 - 7252 | www.ckc.ca

OFFICIAL BEAGLE MEASUREMENT FORM

Instructions:

- This form to be signed by all Registered Owners.
- All signatures to be writtin in ink and not printed

CKC M/S#:

Section 1: measurement fee. The application will				entative with the appropriate
CKC Registered Name:				
Date of Birth:	Male [Female	CKC Registration Number:	
mm/dd/yy				
Name of Registered Owner:			Telephone No.:	
Registered Name of Owner:			Telephone No.:	
Registered Name 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:	Owner'	's Signature:		Date:
Name of Owner:	Owner'	's Signature:		Date:
Name of Owner:	Owner'	's Signature:		Date:
Section 3: To be completed by the Official Measurers				
I/We hereby certify to The Canadian Kennel Club that we have measured the Beagle identified in Section 1 above, and that the measuring was done with a proper measuring standard acceptable to The Canadian Kennel Club				
Measurement:		Class Meas	sured In:	
Signature of BFT Representative:			Date:	
Signature of Official Measurer:			CKC M/S#:	
Signature of Official Measurer:			CKC M/S#:	

Signature of Official Measurer: