



## TEMPORARY COMPETITION NUMBER (TCN) APPLICATION

**Important:**

- This application must be for a purebred dog of a CKC recognized breed
- The dog must be eligible for CKC registration or an Event Registration Number
- Complete all sections and send via mail or email to [information@ckc.ca](mailto:information@ckc.ca)
- Temporary Competition Numbers must be obtained BEFORE entering into any competition.

DOG INFORMATION																			
Name of Dog																			
Breed															Date of Birth				
Name of Dam																			
Name of Sire																			
															Gender: M <input type="checkbox"/> F <input type="checkbox"/>				
Colour																			
If applicable, please indicate the following:																			
<b>CHIHUAHUA:</b>				<input type="checkbox"/> Long-Coat	<input type="checkbox"/> Short-Coat														
<b>COLLIE:</b>				<input type="checkbox"/> Rough	<input type="checkbox"/> Smooth														
<b>VIZSLA:</b>				<input type="checkbox"/> Smooth-Haired	<input type="checkbox"/> Wire-Haired														
<b>AMERICAN ESKIMO DOG:</b>				<input type="checkbox"/> Toy	<input type="checkbox"/> Miniature	<input type="checkbox"/> Standard													
<b>POODLE:</b>				<input type="checkbox"/> Toy	<input type="checkbox"/> Miniature	<input type="checkbox"/> Standard													
<b>XOLOITZCUINTLI:</b>				<input type="checkbox"/> Toy	<input type="checkbox"/> Miniature	<input type="checkbox"/> Standard													
<b>DACHSHUND:</b>				<input type="checkbox"/> Miniature	<input type="checkbox"/> Standard	<input type="checkbox"/> Smooth	<input type="checkbox"/> Long-Haired	<input type="checkbox"/> Wire-Haired											

OWNER INFORMATION																					
Name of Owner															CKC Membership Number (if a member)						
Name of Co-Owner															CKC Membership Number (if a member)						
Name of Co-Owner															CKC Membership Number (if a member)						
Current Mailing Address																					
City															Prov or State		Postal/Zip Code				
E-mail Address															Telephone						

AGENT/HANDLER INFORMATION																			
Name of Agent/Handler																			
E-mail Address															Telephone				

I CERTIFY that I am the registered owner of this dog or that I am the authorized agent of the actual owner(s) and that the information provided on this application is true and correct and may be verified upon request.

\_\_\_\_\_  
Signature of Owner or Agent