CANADIAN KENNELCLUB®



CLUB CANIN CANADIEN MD

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

THERAPY DOG TITLE APPLICATION FORM

The CKC will record titles earned by approved Therapy Dog Organizations. The owner may submit this completed application along with a copy of the certificate from the approved organization or a record of visits form (found on www.ckc.ca forms-Therapy Dogs Record Form) title certificate plus the fee as per the CKC Schedule of Fees and CKC will place the title on the dog's record and produce a certificate. Applying for the CKC title and certificate is at the discretion of the owner.

All dogs must be CKC registered (individual No, MCN, ERN, CCN or PEN) to receive a CKC title.

Please keep a copy of this form for your records.

Address:	Owner's Name:				
Dog's Name: Breed: Registration No: Individual ERN CCN MCN PEN Pleae check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Pleae check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Pleae check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Pleae check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Pleae check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Pleae Check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Pleae Check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Pleae Check title you are applying for Indicate individual, ERN, CCN, MCN PEN No. Therapy Dog Novice Title (THDD) - 10 Visits Indicate individual, ERN, CCN, MCN PEN No. Therapy Dog Advanced Title (THDD) - 500 Visits Indicate individual, ERN, CCN, MCN PEN No. Title to be Recorded: Date Earned: Indicate individual, ERN, CCN, MCN PEN No. Strenct Title Only: Record Title Only: Indicate individual, ERN, CCN, MCN PEN No. Isometry Dog Strenct Title, Strenct To NB, NG, CCN, MCN PEN No. Indicate individual, ERN, CCN, MCN PEN No. Strenct Title Only:	Address:				
Registration No: Individual ERN CCN MCN PEN Pleae check title you are applying for Indicate Individual, ERN, CCN, MCN PEN No. CGN (CKC) - Strongly recommended Indicate Individual, ERN, CCN, MCN PEN No. Therapy Dog Novice Title (THDN) - 10 Visits Indicate Individual, ERN, CCN, MCN PEN No. Therapy Dog Title (THD) - 50 Visits Indicate Individual, ERN, CCN, MCN PEN No. Therapy Dog Advanced Title (THDA) - 100 Visits Indicate Individual, ERN, CCN, MCN PEN No. Therapy Dog Excellent Title (THDA) - 200 Visits Indicate Individual, ERN, CCN, MCN PEN No. Title to be Recorded: Date Earned: Record Title Only: Applicable Taxes: Strong Stresse: Stresses: Stresses: Stresses: Stresses: Indicate Individual, ERN, CON, MCN PEN No. Record Title Only: Marce Stresses: Stresses: Stresses: Stresses: Stresses: Stresses: Indicate Individual, ERN, CON, MCN PEN No. Record Title Only: Indicate Individual, ERN, CON, MCN PEN No. Record Title Only:	Telephone No:	_ Email:			
Pleae check title you are applying for Indicate Individual, ERN, CCN, MCN PEN No. CGN (CKC) - Strongly recommended Therapy Dog Novice Title (THDN) - 10 Visits Therapy Dog Title (THD) - 50 Visits Therapy Dog Advanced Title (THDA) - 100 Visits Therapy Dog Excellent Title (THDX) - 200 Visits Therapy Dog Distinguished Title (THDD) - 500 Visits Title to be Recorded: Date Earned: S%GST - AB, BC, MB, QC, SK, YT 13%HST - ON	Dog's Name:			Breed:	
Pleae check title you are applying for CGN (CKC) - Strongly recommended Therapy Dog Novice Title (THDN) - 10 Visits Therapy Dog Title (THD) - 50 Visits Therapy Dog Advanced Title (THDA) - 100 Visits Therapy Dog Excellent Title (THDX) - 200 Visits Therapy Dog Distinguished Title (THDD) - 500 Visits Title to be Recorded:	Registration No: Individual ERN	CCN	MCN	PEN	Indicate Individual EPN CON MONDENING
Therapy Dog Title (THD) - 50 Visits Therapy Dog Advanced Title (THDA) - 100 Visits Therapy Dog Excellent Title (THDX) - 200 Visits Therapy Dog Distinguished Title (THDD) - 500 Visits Title to be Recorded: Date Earned: Record Title Only: Applicable Taxes: 5%GST - AB, BC, MB, OC, SK, YT 15%HST - NB, NL, NS, PEI 13%HST - ON					indicate individual, ENN, CON, MON PEN NO.
Therapy Dog Advanced Title (THDA) - 100 Visits Therapy Dog Excellent Title (THDX) - 200 Visits Therapy Dog Distinguished Title (THDD) - 500 Visits Title to be Recorded: Date Earned: Record Title Only: Applicable Taxes: 5%GST - AB, BC, MB, OC, SK, YT 15%HST - NB, NL, NS, PEI 13%HST - ON	Therapy Dog Novice Title (THDN) - 10 Visits				
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5%GST - AB, BC, MB, QC, SK, YT 15%HST - NB, NL, NS, PEI 13%HST - ON			Record	I Title Only:	
15%HST - NB, NL, NS, PEI 13%HST - ON		Applicable Taxes:			
Total Amount Submittade				NB, NL, NS, PEI	
			Total Amount S	Submitted:	

- For applicable fees, please refer to the CKC Schedule of Fees at www.ckc.ca for title dog, payable by Visa, MasterCard, money order or certified cheque
- Credit Cards Send application with credit card information to eventapps@ckc.ca Staff will be contacting you for the CVV number by telephone to complete the
 pay-ment.
- Cheques Send application with cheque payable to The Canadian Kennel Club to 101-5397 Eglington Ave West, Etobicoke ON M9C 5K6.
- E-transfers Send payment and application with the answer to the security to question to etransfers@ckc.ca
- Please note: We do not accept cash and discounted US cheques.

Service fee of \$45.00 will be levied for any NSF cheques or credit card chargebacks.

V/SA MasterCard. Certified Cheque	Money Order	Total Amount Enclosed:
Credit Card Number	Expiry Date	

Clearly Print Cardholder Name