

GUNDOG WORKING TEST ENTRY FORM



ID NUMBER: 693

Entries on the Day
£5 Pups
£6 Novice & Open

This form must be used by one person (or partnership). USE ONE LINE FOR EACH DOG. The name of the dog and all the details as recorded with the Kennel Club must be given on this entry form. If an error is made the dog may be disqualified by the committee of the Kennel Club. ENTRIES FOR GUNDOG WORKING TESTS WILL ONLY BE ACCEPTED FROM GUNDOGS REGISTERED AT THE KENNEL CLUB IN THE GUNDOG GROUP (Vide Reg J1a, 6a(i) and B20). When entering more than one breed or variety, use if possible, a separate form for each entry. On no account will entries be accepted without fees.

WRITING MUST BE IN INK AND BLOCK CAPITALS.

REGISTERED NAME OF DOG	KENNEL CLUB REGISTRATION NO.	BREED	SEX D/B	FULL D.O.B.	BREEDER	SIRE (block caps)	DAM (block caps)	STAKE NO.

I/We agreed to submit to and be bound by the Kennel Club Ltd Rules and Regulations in their present form or as they may be amended from time to time in relation to all canine matters with which the Kennel Club is concerned and that this entry is made upon the basis that all current single or joint registered owners of this dog(s) have authorised/consented to this entry.

I/We also undertake to abide by the Regulations of this Trial/Test and not to bring to the Trial/Test any dog which has contracted or been knowingly exposed to any infectious disease during the 21 days prior to the day of the Trial/Test, or which is suffering from a visible condition which adversely affects its health or welfare. I also declare that I am fully conversant with the Field Trial Regulations and have studied the guide to Conduct at Field Trials. I/We further declare that I believe to the best of my knowledge that the dogs are not liable to disqualification under Kennel Club Field Trial Regulations.

Usual Signature of Owner(s)..... Date.....

Note: Dogs entered in breach of Kennel Club F.T. Regulations are liable to disqualification whether or not the owner was aware of the breach.

NAME & ADDRESS OF OWNER:
NAME:
ADDRESS:
TEL NO.
NAME & ADDRESS OF HANDLER:
NAME:
ADDRESS:
TEL NO.
ENTRIES AND FEES: TO BE MADE ON THE DAY