



ENTRY FORM FOR SPECIALITY SHOW FOR CHOW CHOWS

* Please fill with block letters

* Please attach a copy of the Pedigree, a copy of the Champion Diploma

PLACE AND TIME: Pet City Arena, Rannamõisa Rd 8, Tallinn on Friday, 12.04.2024

CLASSES: (please indicate):

Baby Class 4-6 m <input type="checkbox"/>	Puppy Class 6-9 m <input type="checkbox"/>	Junior Class 9-18 m <input type="checkbox"/>	Intermediate Cl 15-24 m <input type="checkbox"/>	Open Cl from 15 m <input type="checkbox"/>	Champion Class from 15 m <input type="checkbox"/>	Veteran Cl from 8 years <input type="checkbox"/>	Progeny Class <input type="checkbox"/>	Breeder Class <input type="checkbox"/>
Brace Competition <input type="checkbox"/>								

DOG	
Name	
Titles confirmed	
Studbook No:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth :	Colour:
<input type="checkbox"/> Microship No;	<input type="checkbox"/> Tattoo:

PARENTS	
Sire's Name	
Sire's Studbook No	
Dam's Name	
Dam's Studbook No	

BREEDER	
Name	
Country	

OWNER			
Name			
Address		Zip Code	
Town/ County		Country	
Phone/ E-mail *			

If you dog is registered to BRACE COMPETITION, please fill in the fields below to inform about the dog of the opposite sex:

Name of a Dog of the Opposite Sex	
Studbook No of a Dog of the Opposite Sex	

* Show participation confirmation will be sent to this e-mail

Entry Fee _____ EUR has been paid on the bank account Date: _____ Receipt No: _____
(Please attach a copy of the receipt to the entry form)

**HEREBY I CONFIRM ALL THE DATA GIVEN ABOVE IS CORRECT.
HEREBY I AM OBLIGED TO FOLLOW THE ESTONIAN KENNEL UNION SHOW REGULATIONS.**

Date: _____

Signature: _____