COMMERCE PARK, 89 SKYWAY AVENUE, SUITE 100, ETOBICOKE, ONTARIO M9W 6R4 TEL. (416) 675-5511 FAX (416) 675-6506 WEB SITE www.ckc.ca

Breed For Office Use Only	
Registered Name of Dam CKC Registration Number	
Registered Name of Sire Date of Mating DAY MONTH YEAR Date of Litter Birth DAY MONTH YEAR Number of Live Pups MALE FEMALE Recessive Coat Litter? YES MUMBER of Live Pups MALE FEMALE Recessive Coat Litter? YES MUMBER of Live Pups MALE FEMALE Recessive Coat Litter? YES MUMBER of Live Pups MALE FEMALE Recessive Coat Litter? YES MUMBER of Live Pups MALE FEMALE Recessive Coat Litter? YES MUMBER of Live Pups MALE FEMALE Recessive Coat Litter? YES MUMBER of Live Pups MALE FEMALE Recessive Coat Litter? YES MUMBER of Live Pups MALE FEMALE RECESSIVE COAT LITTER OF MALE	NO
Did the Litter result from the use of Artificial Insemination?	
Type of Semen:	_
CKC Registered Owner(s) / Lessee of Dam at Birth of Litter	
Last Name First Name CKC Membership Number	
Last Name First Name CKC Membership Number	
Complete Mailing Address (include Street, Number, RR. #, Concession # & Site #) Apartment/U	Jnit Jnit
City Province Postal Code Telephone	
I was the owner of the above named Dam at the time she was served by the named Sire. Yes No (If NO, complete #2 below)	
I apply to register this Litter and certify that I was the Owner/Co-Owner or Lessee of the named Dam on the date of Litter birth. I further certify that the above information is correct and in accordance with my private records.	
Signature of Owner/Lessee of Dam Signature of Co-Owner of Dam (if applicable) DAY MONTH YEAR	_
2 I declare that I was the Owner/Co-Owner of the above named Dam at the date of mating.	
Signature Signature	
Section B Registered Owner(s) / Lessee of Sire	
Section B Registered Owner(s) / Lessee of Sire	
Section B Registered Owner(s) / Lessee of Sire	
Section B Registered Owner(s) / Lessee of Sire Last Name First Name CKC Membership Number CKC Membership Number CKC Membership Number	
Section B Registered Owner(s) / Lessee of Sire Last Name First Name CKC Membership Number	
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Registered Owner(s) / Lessee of Sire Last Name First Name CKC Membership Number	Jnit
Registered Owner(s) / Lessee of Sire Last Name Last Name CKC Membership Number Apartment/L City Province Postal Code Telephone	Jnit
Registered Owner(s) / Lessee of Sire Last Name First Name CKC Membership Number CKC Membership Number CKC Membership Number CKC Membership Number Complete Mailing Address (include Street, Number, RR. #, Concession # & Site #) Apartment/City I declare that according to my breeding records, the above named Dam was served by the above named Sire on the date and under the conditions indicated above.	Jnit

101-01-07 (03/05)