

Owner's Last name:

Dog # of (indicate total # entered in second box)					
Call Name of Dog:		Birthdate:	Registered Name of Dog:		IWC Registration Number:
Gender? Male Female	Coat Type? LH SM	Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Color:	
Breeder:		Sire's Registered Name:		Dam's Registered Name:	
CONFORMATION ENTRY:					
Junior Showmanship (when offered): Handler			<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 11-14 years	<input type="checkbox"/> 15-18 years
Conformation Class:	<input type="checkbox"/> Puppy 3 <6 mos.	<input type="checkbox"/> Puppy 6<9 mos.	<input type="checkbox"/> Puppy 9<12 mos.	<input type="checkbox"/> 12-18 mos.	<input type="checkbox"/> Open
	<input type="checkbox"/> Bred by Exhibitor	<input type="checkbox"/> Veteran (9+ yrs)	<input type="checkbox"/> Grand Champion	<input type="checkbox"/> Best of Breed (if dog is GRCH)	

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