

OG Landshark Schutzhund und Polizeihund

Entry Form for May 11, 12 and 13, 2018 Club Trial

Trial Entry Form

Title(s) Entering For: (\$75 ea, plus applicable fee if non-USCA member, plus \$25 if after entry deadline)

BH _____ AD: _____ IPO(1-3) _____ APr(1-3) _____ UPr(1-3) _____ FPr(1-3) _____ AWD(1-3) _____

PLEASE INCLUDE A COPY OF DOG'S CURRENT VACCINATION RECORD.

Dog's Paper Name: _____

Dog's Call Name: _____ Dog's DOB: _____

Dog's Registry: _____ Registry Number: _____

Breed: _____ Sex: M F Tattoo MC (Circle one) No: _____

Scorebook Number: _____

Previous Titles: _____

Handler: _____

Address: _____

City/ST/Zip: _____

Phone: _____ Email: _____

Handler Organization: _____ Membership#: _____

Membership Exp Date: _____

Organization/Date where Handler received BH: _____

Owner (If different from Handler): _____

Owner Address/City/ST/Zip: _____

I understand that this event will be conducted in accordance with the current rules and regulations as administered by the USCA. By signing this entry, I agree to abide by these rules, regulations, and decisions. It is further understood that the Trial Chairperson/Secretary/Judge has the right to dismiss any dog or handler for violation of the rules, or unsportsmanlike conduct. Entry fees are non-refundable. I am fully aware of the risks associated with an event of this type, including the risk of accidental injury from a dog. I am voluntarily assuming all risks, and agree to hold OG Landshark Schutzhund Club and USCA, its officers, members, directors, employees, land owners, and agents harmless from ANY claim for injuries I may sustain as a participant or guest at this event. By either written or electronic signature below, I represent that I am over 18 years of age and both mentally/legally competent to execute this form.

Signature of Owner/Handler: _____

Mail entry with check payable to OG Landshark to: Lorna Thomas, PO Box 4084, Carmel, IN 46082

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Entry Form for May 13, 2018 Show/Breed Survey Entry Form

Fees: \$40 puppy class \$60 all other show classes \$125 for breed survey/re-survey \$25 Dental Notation

(One form per dog entered. Please print or type and completely fill out all information.)

Working Dog Class _____, Young Dog 18-24 Mo _____, Youth Dog 12-18 Mo _____, Adult 24 Mo w/o Title _____

Senior Puppy 9-12 Mo _____, Jr Puppy 6-9 Mo _____, Baby Puppy 4-6 Mo _____, Veteran Class _____

Breed Survey _____, Re-Survey _____, Dental Notation _____

Dog's Registered Name: _____ Dog's DOB: _____

Breed Surveyed KKL: _____ Year _____ Place _____ Titles _____

Dog's Registry FCI/AKC: _____ Registry Number: _____

SV Registration#: _____ USCA Registration#: _____

Long Stock Coat: Y N Sex: M F Tattoo MC (Circle one) No: _____

Hip Rating: _____ Elbow Rating: _____

Sire: _____ Breed Survey: _____ Yes _____ No

Sire Registration # _____ Sire's Titles: _____

Dam: _____ Breed Survey: _____ Yes _____ No

Dam Registration # _____ Dam's Titles: _____

Name of Breeder: _____ Country: _____

Owner: _____ USCA Membership#: _____

Owner's Address: _____

City/ST/Zip: _____

Phone: _____ Email: _____

Name of Co-owner: _____

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