

One Dog only to be entered on this form

No.

OFFICIAL ENTRY FORM

THE SECRETARY
(Name of Club)

TRIAL DATE

NOTE: WRITING MUST BE IN INK, AND ALL NAMES OF DOGS IN BLOCK LETTERS

Scent Work Trials

Breed Sex
(Variety if applicable)

Registered Names of Dog or Bitch

Pet Name

DNZ Reg No Date of Birth

Club Affiliation
(Mandatory for non-Dogs NZ Members entering Scent Work Trials)

NAME OF OWNER(S)
(Mr/Mrs/Miss/Ms) (If Owner is not Handler, then Handler's name & DNZ number must also be given)

FULL ADDRESS
.....

OWNER(S) DNZ MEMBERSHIP NUMBER(S):

(If Owner or Handler is not a Dogs NZ member, enter "Non-Member". Entry will not be accepted if not quoted)

Enter in Scent Work Trial(s)

Qualification to enter Scent Work Trial Scent Work Entries	<input type="text"/>
	TOTAL \$	<input type="text"/>

By On-Line Entry/Cash

Read Extracts from Dogs NZ Scent Work Regulations before completing this form.

DECLARATION BY OWNER: I undertake to abide by the Rules and Regulations of Dogs New Zealand and of this Trial, and declare that the dogs Entered have not been exposed to the risk of DISTEMPER or any contagious or infectious disease for the six weeks prior to trials, and I will not trial them if they incur such risk between now and the day of the trial. As owner(s) of any dog entered or present at any trial I/we shall be responsible for the actions of any handler of that dog whilst it is in attendance and under the control of that handler at the trial.

I HEREBY CERTIFY that the dog named in this entry form is currently registered with a local authority as required by law.

I/We further certify that I/We am/are current financial member(s) of Dogs NZ (if applicable).

By ticking this box I hereby accept all the terms and conditions of this entry form in lieu of a signature.

Usual Signature of Owner(s) Date

Telephone No..... Email: