

<b>SOCIETY NAME: UTILITY GUNDOG SOCIETY (SPANIELS ) ID 499</b>	If entering Novice/Open Test Title:	<b>Entries Close: SEE SCHEDULE</b>
--	--	------------------------------------

<b>INSTRUCTIONS</b> Writing <b>MUST BE IN INK AND BLOCK CAPITALS</b> This form must be used by one person only (or partnership). Use one line only for each dog. The name of the dog and all the details as recorded with The Kennel Club Ltd must be given on this entry form. If an error is made the dog may be disqualified by the Committee of the Kennel Club Ltd. <b>ENTRIES FOR WORKING TESTS WILL ONLY BE ACCEPTED FROM GUNDOGS REGISTERED AT THE KENNEL CLUB LTD IN THE GUNDOG GROUP</b> (vide Reg. J1.a.,J7a & B20) and if a registered dog has changed ownership the <b>TRANSFER</b> must be applied for before the closing of entries. When entering more than one breed or variety, use if possible a separate form for each. On no account will entries be accepted without fees.	<b>ENTRY FEES: £10</b>
---	------------------------

REGISTERED NAME OF DOG	KENNEL CLUB REG NO., STUD BOOK NO. OR ATC NO.	Breed	S e x	FULL DATE OF BIRTH	BREEDER	SIRE (BLOCK LETTERS)	DAM (BLOCK LETTERS)	Stake No
1								
2								

**If you do not want your address on the card please tick this box**

QUALIFICATION SEE SCHEDULE	DATE	AWARD	STAKE	PROMOTING SOCIETY	Name of Owner(s)
1					ADDRESS _____ _____
2					Telephone No                      Email:

**ONE LINE FOR EACH DOG                      CHECK ALL DETAILS BEFORE POSTING**

<b>DECLARATION</b> I/we agreed to submit to and be bound by The Kennel Club Ltd Rules and Regulations in their present form or as they may be amended from time to time in relation to all canine matters with which The Kennel Club is concerned <u>and that this entry is made upon the basis that all current single or joint registered owners of this dog(s) have authorised/consented to this entry.</u>  I/we also undertake to abide by the Regulations of this Working Test and not to bring to the Working Test any dog which has contracted or been knowingly exposed to any infectious disease during the 21 days prior to the day of the Working Test, <u>or which is suffering from a visible condition which adversely affects its health or welfare.</u> I also declare that I am fully conversant with the Working Test Regulations and have studied the guide to Conduct at Field Trials.  I further declare that I believe to the best of my knowledge that the dogs are not liable to disqualification under Kennel Club Working Test Regulations.  Usual Signature of Owner(s)..... Date ..... Note: Dogs entered in breach of Kennel Club F.T. Regulations are liable to disqualification whether or not the owner was aware of the breach.	Entries and Fees which <b>MUST BE PREPAID</b> to be sent to: Julia Reed 1-2 The Arms, Little Cressingham Thetford Norfolk IP25 6LZ                      Tel: 01953 886827
	Name Of Handler (In block letters) _____  ADDRESS _____ _____ Telephone No                      Email: