

CONTINENTAL KENNEL CLUB INC

CO-OWNERSHIP AUTHORIZATION FORM

TO PROVIDE A CO-OWNER WHEN APPLYING FOR OFFICIAL REGISTRATION

This form is used to request the listing of a co-owner on the official CKC Registration Certificate for an applicant canine submitted for registration with Continental Kennel Club. Please complete all required fields on this form and submit with a current, original CKC registration application. The information provided on this form MUST match information provided on the attached application for registration. The owner and/or co-owner must be 18 years of age or older. The owner and co-owner will have equal registration rights upon registration with Continental Kennel Club Inc.

APPLICATION TYPE

Which of the following CKC registration applications is being submitted to apply for registration?

- Canine Registration Application
 Pre-Printed Puppy Registration Application
 PAW Registration Application
 Kennel Registration Application
 Certificate of Registration (for transfer)

CANINE INFORMATION

[Grid for Name of Applicant Dog]																											
NAME OF APPLICANT DOG																											
[Grid for Breed]																				[Grid for DOB MM/DD/YY]			[Grid for DOB MM/DD/YY]				
BREED																				DOB (MM/DD/YY)			DOB (MM/DD/YY)				

OWNER INFORMATION

CHECK HERE IF OWNER IS UNDER 18 YEARS OF AGE

[Grid for Owner First Name]														[Grid for Owner Last Name]													
OWNER FIRST NAME														LAST NAME													
[Grid for Mailing Address]														[Grid for APT/ST#]			[Grid for Phone#]		[Grid for Phone#]			[Grid for Phone#]					
MAILING ADDRESS														APT/ST#			PHONE#		PHONE#			PHONE#					
[Grid for City]														[Grid for State]		[Grid for ZIP]			[Grid for Country (if outside of U.S.)]								
CITY														STATE		ZIP			COUNTRY (IF OUTSIDE OF U.S.)								
[Grid for Owner Signature]														[Grid for Date MM/DD/YY]			[Grid for Date MM/DD/YY]			[Grid for Date MM/DD/YY]							
OWNER SIGNATURE														DATE (MM/DD/YY)			DATE (MM/DD/YY)			DATE (MM/DD/YY)							

I understand and agree that the owner and co-owner are given equal registration rights with Continental Kennel Club, upon registration of canine. I further agree to abide by all current CKC Rules, Regulations, and Guidelines.

INITIAL HERE

CO-OWNER INFORMATION

CHECK HERE IF CO-OWNER IS UNDER 18 YEARS OF AGE

[Grid for Co-owner First Name]														[Grid for Co-owner Last Name]													
CO-OWNER FIRST NAME														LAST NAME													
[Grid for Co-owner Signature]														[Grid for Date MM/DD/YY]			[Grid for Date MM/DD/YY]			[Grid for Date MM/DD/YY]							
CO-OWNER SIGNATURE														DATE (MM/DD/YY)			DATE (MM/DD/YY)			DATE (MM/DD/YY)							

I understand and agree that the owner and co-owner are given equal registration rights with Continental Kennel Club, upon registration of canine. I further agree to abide by all current CKC Rules, Regulations, and Guidelines.

INITIAL HERE

SUBMIT INSTRUCTIONS

Submit this form with attached CKC registration application or letter of request to:

Continental Kennel Club Inc.
PO BOX 1628 - WALKER, LA - 70785
phone 1.800.952.3376 email www.ckcusa.com
fax 1.888.470.7813 web www.ckcusa.com