CONTINENTAL KENNEL CLUB

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 primary 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.

Application Type

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

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

Canine Information

Name of Applicant Dog (36 characters or less. Use one box per letter, including punctuation.)

Breed

Birthdate (mm/dd/yy)

Owner Information

First Name

Last Name

Member Number (Optional)

Mailing Address

Apt/St

City

State

Zip

Country (if outside of U.S.)

Phone Number

Email Address

INITIAL HERE ☐

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.

Owner Signature X

Date (mm/dd/yy)

Co-Owner Information

First Name

Last Name

☐ **Check here if co-owner is under 18 years of age.**

INITIAL HERE ☐

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.

Co-owner Signature X

Date (mm/dd/yy)

Submit this form with an attached CKC registration application or letter of request by email, fax, or mail using the contact information below.

ckcusa.com

MAIL CKC | P.O. Box 1628 | Walker, LA 70785
PHONE 1-800-952-3376 FAX 1-888-470-7813
EMAIL ckc@ckcusa.com WEB ckcusa.com

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