



REQUEST FOR CKC CERTIFICATE

Canadian Scent Hurdle Racing Association

Club/Team: _____

Dog's Registered Name: _____

Breed: _____

CKC Registration Number: _____ Sex: _____ DOB: _____

Owner(s) Name: _____

Address: _____

Please check (✓) which certificates you wish to receive and enter the date your dog obtained the title:

- | | |
|--------------------------------------------------------------------------------------|----------------------|
| <input type="checkbox"/> SCENT HURDLE DOG (SHD) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG EXCELLENT (SHDX) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG CHAMPION (SHDCh) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG MASTERS (SHDM) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG MASTERS EXCELLENT (SHDMX) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG MASTERS EXCELLENT – SILVER (SHDMX-S) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG MASTERS EXCELLENT – GOLD (SHDMX-G) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG MASTERS CHAMPION (SHDMCh) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG GRAND MASTER CHAMPION (SHDGMCh) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG GRAND MASTER CHAMPION - SILVER (SHDGMCh-S) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG GRAND MASTER CHAMPION - GOLD (SHDGMCh-G) | Date Obtained: _____ |
| <input type="checkbox"/> SCENT HURDLE DOG GRAND MASTER PREMIUM CHAMPION (SHDGMPCCh) | Date Obtained: _____ |

Please check the Canadian Kennel Club's website (www.ckc.ca) and follow the links: CKC Services: Schedule of Fees, then under Other Fees, Title and Certificates for the cost of each Certificate. The price changes every January (for 2025 the CKC Fee was \$25 per certificate).

Forward this request form to the CSHRA Statistician for verification and, when you get the verified form back, send the funds payable to the CKC and send the verified form to the CKC.

Payment to CKC: etransfers@ckc.ca

VERIFIED Form to the CKC: eventapps@ckc.ca

VERIFIED BY:

CSHRA STATISTICIAN

The above signatory has verified this information is correct with the CSHRA Records
Keep a copy for your records