



### Co-Ownership Form

**Instructions:**

- Form to be typed or printed in ink.
- All signatures to be written in ink and not printed.
- Please refer to the CKC Schedule of Fees.

- Where a dog is sold or otherwise disposed of and is to be registered as one which is co-owned by the former owner (seller) in partnership with the new owner (buyer), then this form should be completed and signed as required and accompany the application for transfer of ownership.

[Grid for Breed]

Breed

[Grid for Name of Dog (if registered)]

Name of Dog (if registered)

[Grid for Registration Number (if registered)]

Registration Number (if registered)

[Grid for Dog Litter Number]

Dog Litter Number

[Grid for M]

M

[Grid for F]

F

[Grid for Date of Transfer (dd/mm/yy)]

Date of Transfer (dd/mm/yy)

The above-noted dog was sold or otherwise disposed of in co-ownership with the new owners.

#### TO BE COMPLETED by ALL SELLERS

[Grid for Names]

Names

[Grid for Current Mailing Address]

Current Mailing Address

[Grid for City]

City

[Grid for Province or State]

Province or State

[Grid for Postal/Zip Code]

Postal/Zip Code

[Grid for Telephone]

Telephone

[Grid for CKC Membership Number]

CKC Membership Number

[Grid for E-mail Address]

E-mail Address

#### Signatures of Sellers

\_\_\_\_\_  
Seller #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller #3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller #4

\_\_\_\_\_  
Date

#### TO BE COMPLETED by ALL NEW OWNERS (including the sellers)

[Grid for Names]

Names

[Grid for Current Mailing Address]

Current Mailing Address

[Grid for City]

City

[Grid for Province or State]

Province or State

[Grid for Postal/Zip Code]

Postal/Zip Code

[Grid for Telephone]

Telephone

[Grid for CKC Membership Number]

CKC Membership Number

#### Signatures of New Owners

\_\_\_\_\_  
New Owner #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Owner #3

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Owner #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Owner #4

\_\_\_\_\_  
Date