



**Instructions:**

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

**Co-Ownership Form**

- 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.

Breed																																																																																																			
Name of Dog (if registered)																																																																																																			
Registration Number (if registered)										Dog Litter Number																				Male		Female		Date of Transfer																																																																	
																																		Day			Month			Year																																																											
Tattoo Series			Tattoo No and Year Letter							Microchip Number																				Date of Birth																																																																					
																														Day			Month			Year																																																															

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

**TO BE COMPLETED by ALL SELLERS**

Names																																																																																																			
Current Mailing Address																																																																																																			
City															Province or State																																																																																				
Postal/Zip Code															Country															Telephone															CKC Membership Number																																																						
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)**

Names																																																																																																			
Current Mailing Address																																																																																																			
City															Province or State																																																																																				
Postal/Zip Code															Country															Telephone															CKC Membership Number																																																						
E-mail Address																																																																																																			

**Signatures of New Owners**

_____	_____	_____	_____
New Owner #1	Date	New Owner #3	Date
_____	_____	_____	_____
New Owner #2	Date	New Owner #4	Date