



5397 EGLINTON AVE. W., SUITE 101, ETOBICOKE, ON, M9C 5K6 TEL: (416) 675-5511 WEB SITE: WWW.CKC.CA

## APPLICATION FOR CANINE GOOD NEIGHBOUR EVALUATOR

### INSTRUCTIONS:

- Form to be typed or printed in ink.
- All signatures to be in ink and not printed.
- Attach additional paper if required.
- Return completed application to the Events Department.

Name

Date of Birth (DD/MM/YY)

CKC Membership No.

Mailing Address

City

Province

Postal Code

Home Phone

Business Phone

Fax Number

Email Address

### SECTION A Applicants must be CKC Members and possess a sound background in training and handling dogs.

1. a) Is this your first time applying to be a Canine Good Neighbour Evaluator?  YES  NO

b) If no, please list the date of your last application (DD/MM/YY):

2. Please list any CKC accredited organizations that you are a member of:

3. Are you a Canadian Kennel Club licensed Judge?  YES  NO If YES, please provide your Judge's #:

4. List the breeds of dogs you have owned or co-owned:

## SECTION B

1. Indicate the type of experience you have in the training and handling of dogs, describe the experience and indicate where and when this experience was gained. Use only the most recent or relevant experience. Attach additional sheets if necessary. Applicants must demonstrate a minimum of 5 years experience in the training and handling of dogs.

| Type of Experience       |   | Location/Company/Kennel/Club | Start Date<br>(MM/YY) | End Date<br>(MM/YY) |
|--------------------------|---|------------------------------|-----------------------|---------------------|
| <input type="checkbox"/> | A. Instructing dog obedience or conformation classes (Please indicate which levels and breeds):               |                              | ___ / ___             | ___ / ___           |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
| <input type="checkbox"/> | B. List any dogs that you have handled that have earned CKC titles ((List Registration #, Dog's Name, Title): |                              | ___ / ___             | ___ / ___           |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
| <input type="checkbox"/> | C. Training therapy dogs. (Please indicate which levels and describe your activities):                        |                              | ___ / ___             | ___ / ___           |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
| <input type="checkbox"/> | D. Working/volunteering in an animal shelter or kennel (describe your activities):                            |                              | ___ / ___             | ___ / ___           |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
| <input type="checkbox"/> | E. Working/volunteering in a veterinary clinic. (Describe your activities):                                   |                              | ___ / ___             | ___ / ___           |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |
|                          |   |                              |                       |                     |

2. Please provide at minimum, two letters of reference supporting at least one of the experiences listed above.

I hereby certify that the answers supplied on this application are, to the best of my knowledge and belief, true and correct. By affixing my signature to the bottom of this application, I am also certifying that I have not been convicted of any criminal activities relating to animals.

|  |  |   |  |  |   |  |  |
|--|--|---|--|--|---|--|--|
|  |  | / |  |  | / |  |  |
|--|--|---|--|--|---|--|--|

Date (DD/MM/YY)

Signature of Applicant

|  |  |   |  |  |   |  |  |
|--|--|---|--|--|---|--|--|
|  |  | / |  |  | / |  |  |
|--|--|---|--|--|---|--|--|

Date Approved (DD/MM/YY)

Approved by CKC