



CONFORMATION CERTIFICATE EVALUATION

"For Labrador Retrievers Only, Sanctioned by the LRCPV"

CC Secretary:

Ann Burns

80 Richardson Corner Rd.

Charlton, MA 01507

508-248-3618

ann@paddingtonlabradors.com

Date - Sunday June 6, 2021

Start Time -1:00PM (Or after Working Certificate if later.)

Test Headquarters – NodBrook WMA, 86 Hopmeadow St., Simsbury (Weatogue), CT.

ENTRIES BY MAIL: **will close with the LRCPV CC Secretary 6:00PM; Wednesday, May 26, 2021**
after which time NO Mailed Entries will be accepted!

ENTRY FEES: \$20.00 per dog. Send entry forms with check payable to LRCPV (US funds) to the **CC Secretary**

COVID: Masks and Social Distancing will be required. No Spectators allowed.
Please bring the attached Waiver Form with you on the Day of the test, do not mail.

SAME DAY ENTRIES: accepted at the event.

REQUIREMENTS: Conformation Certificate (CC)

- ✓ The evaluation should demonstrate that a dog possesses the **basic** attributes of a Labrador Retriever. The Evaluation Sheet contains nine (9) conformation and temperament categories for a judge to consider on a numerical basis. Each dog will be scored in each category using the one (1) through three (3) point system described.
- ✓ To receive a Conformation Certificate, a dog is required to attain a score of 18 or better.
- ✓ To pass in each category a dog must demonstrate, in the mind of the judge, a 65% likelihood of conforming to the characteristic as described by the Standard.
- ✓ Dogs must be one (1) year of age or older on the day of evaluation.
- ✓ Spayed and neutered dogs may be evaluated.

JUDGES:

Ms. Nancy Brandow, 1117 Main Rd., Bradford, ME 04410

Mr. Anthony Emilio, 56 Babbitt Hill Rd., Pomfret Center, CT 06259

The Conformation Certificate document and Evaluation Sheet may be seen in entirety at the LRC web site: www.thelabradorclub.com, drop down menu Programs.

PRIZES: Qualifiers will receive a Conformation Certificate.



OFFICIAL ENTRY FORM: LABRADOR RETRIEVER CLUB of the PIONEER VALLEY

Note: This Entry Form Must Be Completed in Full
LRCPV Conformation Certificate Evaluation

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I submit \$_____ for entry fees.

PLEASE PRINT OR TYPE

FULL NAME OF DOG: _____

CALL NAME _____ COAT COLOR _____

AKC Reg. Number _____ or AKC Litter Number _____

or Foreign Reg. Number _____ and Country of Registry _____

RETRIEVER (LABRADOR) Male ___ Female ___ Birth Date _____

BREEDER _____

SIRE _____

DAM _____

ACTUAL OWNER(S) _____

OWNER'S ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ E-MAIL ADDRESS _____

Name of Handler (Print) _____

I CERTIFY that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name I have entered above. In consideration of the acceptance of this entry, I (we) agree to abide by the rules of The Labrador Retriever Club, Inc. and any decisions made in accord with them and I further agree that the dog is entered in and will be at this test at my own risk and that I will hold the test-giving club, its members and agents free from liability for any claims arising out of the entry of the dog or its presence at the event.

SIGNATURE _____ of owner or his agent duly authorized to make this entry. Address of Agent (if anyone signs the above line for the Owner)

Address:

COVID-19 WAIVER

LABRADOR RETRIEVER CLUB OF THE PIONEER VALLEY, INC.

June 6, 2021

**NOTICE: ANYONE WHO ATTENDS THESE EVENTS MUST SIGN THIS FORM –
NO EXCEPTIONS!**

THIS IS FOR EXHIBITORS, OWNERS, HANDLERS, BREEDERS, ASSISTANTS, FAMILY MEMBERS, FRIENDS, ETC. IF YOU ARE ON THE GROUNDS THIS FORM MUST BE ON FILE. THIS ALSO INCLUDES MINOR CHILDREN UNDER 18 YEARS OF AGE.

I fully attest to the best of my knowledge that I do not have COVID-19 at the time of attending this event. I also attest that I have NOT been in contact with or exposed to any known carrier of COVID-19 within the past 14 days. I agree that I am attending these events entirely at my own risk and take full responsibility for my own health and safety during these events. I will follow all Labrador Retriever Club of the Pioneer Valley, Inc. rules, requirements, procedures, protocols and guidelines to reduce any exposure and possibility of contracting or spreading the virus. I will follow CDC, Federal, State of Connecticut, and Town of Simsbury and Nod Brook WMA guidelines regarding COVID-19.

I fully submit that the Labrador Retriever Club of the Pioneer Valley, Inc., Site Control, all other contracted staff, Nod Brook WMA and their employees, and any workers or volunteers, are in no way liable for any present or future COVID-19 exposure incurred at any time by any person, in attendance or not in attendance, during or after these events, and hereby waive all rights to file a lawsuit against the above if I am exposed to COVID-19.

By signing this waiver below, I hereby agree to follow everything contained within this waiver.

Signature Signature of Parent/Guardian/Handler

Print Name Print Name of both Signer and Minor

Date Minor Child under 18 Yrs. Signature

Date

PLEASE PRINT, FILL OUT & BRING THIS FORM WITH YOU.