



Leonberger Club of Ontario

Verification Form

This is to certify that the following canine :

Registered Name : _____

Sex : _____ **Registration Number :** _____

Successfully was trained/worked/competed in :

_____ (sport or activity)

On _____ (date(s)/season)

1st witness (official):

Printed Name : _____ Title of Official : _____

Signature : _____ Address : _____

2nd witness:

Printed Name : _____

Signature : _____ Address : _____

Owner/Trainer:

Printed Name : _____

Signature : _____ Address : _____

Date form was completed : _____

Please contact us at info@LeonbergerClubOfOntario.com for submission details.