

APPLICATION FORM FOR THE TITLE OF

AUSTRIAN VETERAN-CHAMPION

Breed:		Sex:
Name according to s	tudbook:	
		Date of birth:
Owner's name:		Phone number:
Adress:		Country:
Email:		
BEST VETERAN obt	ained (please list name of exhibitior	n, date, location, judge and class)
2.		
3.		
		eran-Champion. The certificate will be sent to appropriate amount to our account:
Account owner:	Österreichischer Kynologenverb	and
IBAN:	AT333225000000507004; BIC/SWIFT: RLNWATWWGTD	
Porpose of use	VET-CH / dogs name	
I hereby confirm the a	accuracy of the preceding details wi	th my signature
Date:	signature:	