



2019 COMPANION CLASS

ENTRY (No Entry Fee)

For More Information:

Contact Dee Jones,

lagniappehounds@att.net

Dog's Call Name: _____
(Optional)

Dog's Registered Name: _____

Owner's Name: _____
(Handler, if other than owner)

Dog's Age: _____

Please write a short paragraph to be read while your dog is presented.
Tell us why this dog is special. Tell us about his/her favorite things.
Tell us whatever you wish.
