

## Vizsla Club of Eastern Iowa

A member of the Iowa Field Trial Association.

A.K.C. Licensed Event #2020370901  
Dual Sanctioned with American Field (NBHA)  
(All Stakes will be ran under AKC rules)

### Dude Hoehns Farm, Columbia, Iowa

October 11, 2020

All Stakes Open to All AKC and/or AF Registerable Pointing Breeds.  
Bitches in season may NOT compete.

Entries limited to the number of dogs which can be run during all available daylight hours, and entries will close when the limit is reached if this occurs prior to the specified closing time. The trial is being run under the Flexible Format Rules of the  
**AMERICAN KENNEL CLUB**

The Club reserves the right to rearrange the order of stakes and add or replace judges to accommodate the completion of the trial.

#### Mail Advanced Entries with Checks To:

Jeff Wallace - 1564 McKimber Drive - Knoxville, Iowa 50138

Signature must be waived for all overnight deliveries

#### **ENTRIES WILL NOT BE ACCEPTED WITHOUT PAYMENT**

Telephone entries are NOT accepted.

All entries must be completed in full and fees MUST be Paid-In-Full with the Field Trial Secretary before the designated entry closing date & time to assure entries are accepted & that dogs will be on run sheets.

Enter only one dog in one stake for each entry.

Your check may be deposited prior to drawing time

Entries will close at 5:00 PM October 5, 2020 with the Field Trial Secretary

Drawing will take place at 7:00 PM October 5, 2020

at 1564 McKimber Drive - Knoxville, Iowa 50138

**Once Entries Are Drawn, They Are Considered A Binding Contract**

### JUDGES AND STAKES TO BE JUDGED

**Bruce Heiter – Judge Number Z8858**

Open Gun Dog

**Brent Hoehns – Judge Number 99043**

Open Gun Dog, Open Derby

**Rick Hastings – Judge Number Z2348**

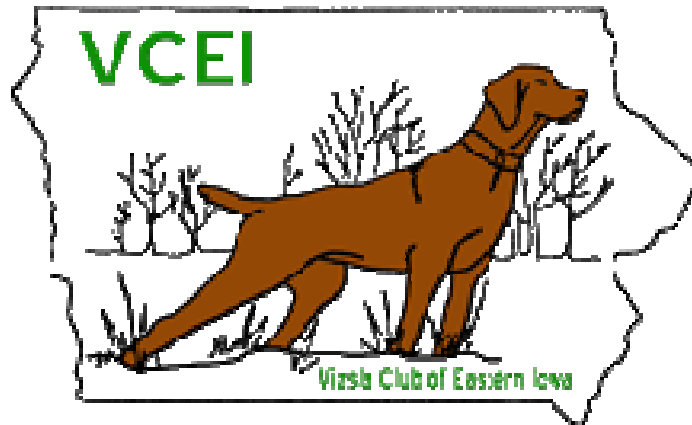
Open Derby

**Ken Windom – Judge Number ZE763**

Amateur Gun Dog, Open Puppy

**Barry Steinmetz – Judge Number 96444**

Amateur Gun Dog, Open Puppy



## STAKES, SCHEDULE AND ENTRY FEES

|                              |                                         |         |
|------------------------------|-----------------------------------------|---------|
| Open Derby<br>(Walking)      | Course 1<br>October 11, 2020<br>7:30 AM | \$50.00 |
| Open Gun Dog<br>(Walking)    | To Follow OD                            | \$50.00 |
| Amateur Gun Dog<br>(Walking) | Course 2<br>October 11, 2020<br>7:30 AM | \$50.00 |
| Open Puppy<br>(Walking)      | To Follow AGD                           | \$40.00 |

## COURSES AND BIRDS

- **All Stakes** - single course without bird field or single course as an out and back without bird field. Wild & released quail and/or chukar and/or pheasants, on course
- **All Stakes** are Non-Retrieving
- **Open Derby Stake will be a 30 minute stake.**
- A blank cartridge will **NOT** be fired in the Puppy Stakes.
- **Horseback handling** will **NOT** be permitted in all stakes
- **Tracking collars** will be allowed under AKC rules, not supplied by the club
- Handlers are responsible for getting their dogs to the starting line or dog wagon on time.

## PRIZES

AKC standard rosettes to all placed dogs. Trophies to all 1<sup>st</sup> place dogs.

## OFFICERS

**President:** Randy Caldwell – 1647 54<sup>th</sup> St., La Porte City, Iowa 50651

**Vice President:** Levi Bruns – 2071 Garden Ave., Waverly, Iowa 50677

**Secretary:** Darcy Bruns – 2071 Garden Ave., Waverly, Iowa 50677

**Treasurer:** Gregory Isaacson – 4001 Sunshine St SW , Cedar Rapids, Iowa 52404

## Field Trial Committee

**Chairman:** Levi Bruns

Michelle Hess, Emily Bruns, Darcy Bruns, Kelley Donham, Emily Isaacson

**Field Trial Marshalls:** Club Members

## OFFICIAL AMERICAN KENNEL CLUB FIELD TRIAL or HUNT TEST ENTRY FORM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                            |                                              |                      |
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| Club:<br><b>Vizsla Club of Eastern Iowa</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | Date(s):<br>October 11, 2020               | Event #:<br>2020370901                       |                      |
| Location: Dude Hoehn's Farm<br>2496 140th Ave.- Columbia,<br>IA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Event type (test or trial):<br>Field Trial |                                              | Enter in Stake/Test: |
| <input type="checkbox"/> AKC No. <input type="checkbox"/> ILP No. <input type="checkbox"/> Foreign & List Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                            | I enclose entry fees<br>in the amount of: \$ |                      |
| Full Name of Dog:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                            |                                              |                      |
| Breed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Reg. #: | Call Name:                                 | Sex:                                         | Date of Birth:       |
| Sire:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                            |                                              |                      |
| Dam:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                            |                                              |                      |
| Name of Breeder:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                            |                                              |                      |
| Actual Owner(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                            |                                              |                      |
| Owner's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                            |                                              |                      |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | State:                                     | Zip:                                         |                      |
| Name of Owner's Agent/Handler:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                            |                                              |                      |
| Agent/Handler's Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                            |                                              |                      |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | State:                                     | Zip:                                         |                      |
| <p>AKC Rules, Regulations, Policies and Guidelines are available on the American Kennel Club website: <a href="http://www.akc.org">www.akc.org</a></p> <p><b>AGREEMENT</b></p> <p>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 and regulations of The American Kennel Club in effect at the time of this event, and any additional rules and regulations appearing in the premium list of this event and entry form and any decision made in accord with them. I (we) agree that the club holding this event has the right to refuse this entry for cause which the club shall deem sufficient. In consideration of the acceptance of this entry and of the holding of this event and of the opportunity to have the dog judged and to win prizes, ribbons, or trophies, I (we) agree to hold the AKC, the event-giving club, their members, directors, governors, officers, agents, superintendents or event secretary and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, and any AKC approved judge, judging at this event, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons. I (WE) AGREE THAT ANY CAUSE OF ACTION, CONTROVERSY OR CLAIM ARISING OUT OF OR RELATED TO THE ENTRY, EXHIBITION OR ATTENDANCE AT THE EVENT BETWEEN THE AKC AND THE EVENT-GIVING CLUB (UNLESS OTHERWISE STATED IN THIS PREMIUM LIST) AND MYSELF (OURSELVES) OR AS TO THE CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS AGREEMENT SHALL BE SETTLED BY ARBITRATION PURSUANT TO THE APPLICABLE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. HOWEVER, PRIOR TO ARBITRATION ALL APPLICABLE AKC BYLAWS, RULES, REGULATIONS AND PROCEDURES MUST FIRST BE FOLLOWED AS SET FORTH IN THE AKC CHARTER AND BYLAWS, RULES, REGULATIONS, PUBLISHED POLICIES AND GUIDELINES.</p> |         |                                            |                                              |                      |
| Signature of owner or his<br>agent duly authorized to make this entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                                            |                                              |                      |
| Tel:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | Email:                                     |                                              |                      |

# Vizsla Club of Eastern Iowa

## No training on the grounds before or after the trial.

**Attention all Field Trial Participants**, please remember we are guests of the Dude Hoehns Farm. This is private grounds and must be kept clean. Please clean-up after your dogs and fill any holes created by dogs or horses. Make every effort to preserve the natural environment, including vegetation, soil, water and wildlife.

### Camping

Camping will be allowed on the grounds in designated area.

### Horses

Horses will NOT be provided by the club and will NOT be available for rent.

### Lunches

**Due to ongoing social distancing, food and drink will not be provided. Please bring your own.**

### **ACCOMMODATIONS**

Super 8, Knoxville, IA: 800-536-9326  
Cobblestone Hotel & Suites, Knoxville, IA: (641) 828-6100

### **Disaster & Emergency Plan**

Marion County offers 911 Service for all emergency situations

Garver's Animal Health Center of Knoxville  
605 W. Pleasant St., Knoxville IA 50138  
(641) 828-2101

South Central Veterinary Services  
303 East Main, Knoxville, Iowa 50138  
(641) 218-9288

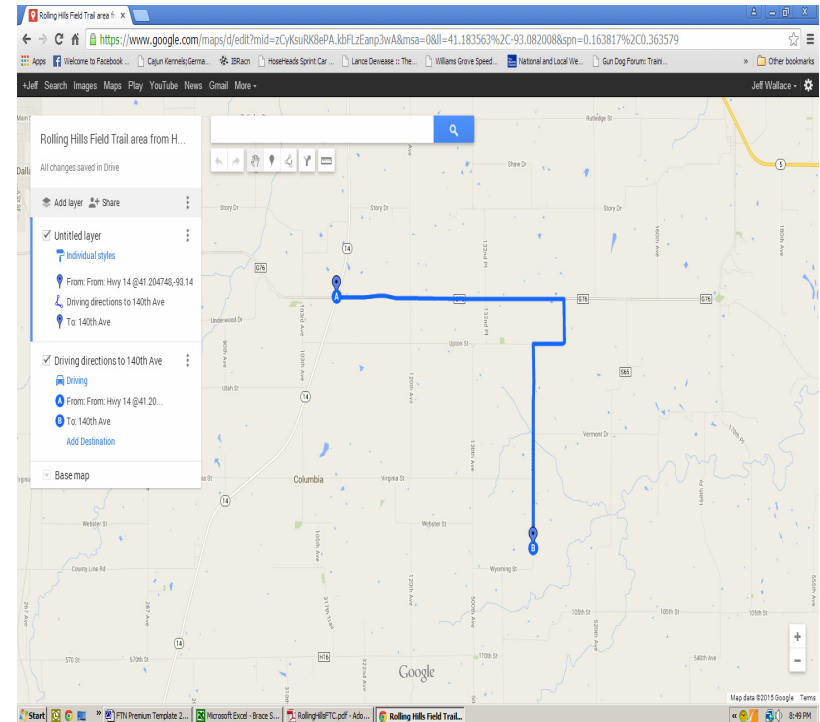
Knoxville Veterinary Clinic  
1600 South Lincoln St., Knoxville, IA 50138  
(641) 842-3316

### **Medical Services**

Knoxville Hospital and Clinic  
1002 South Lincoln Street, Knoxville, IA 50138  
(641) 842-2151

## **Directions:**

On Hwy. 14, go 7 miles south of Knoxville or 16 miles north of Chariton, turning east on Hwy. G76. Go 3.6 miles and turn South on Upton Street. Go 1 mile. Turn south on 140th Ave. Continue 2.25 miles, trial ground parking on West side of the road.



<https://www.google.com/maps/d/edit?mid=zCyKsuRK8ePA.kbFLzEanp3wA&msa=0&ll=41.183563%2C-93.082008&spn=0.163817%2C0.363579>

