


Dog's Pet Name:	DOB:	Breed/s:
Dog Registered with (Council/Local Authority):	Council/Local Authority Registration Tag No.:	
Dog's DNZ Registered Name & Titles (if any):		

Handler's Name:	Phone Number(s):
Address:	Email:
Postcode	Club member?: Yes / No Club name:
I understand: 1) information on this form may be shared between DNZ and the local authority the dog is registered with; 2) the handler's and dog's name and CGC status will be accessible through the DNZ website; 3) the handler understands that this award may be revoked if the dog shows behaviour contrary to CGC standards.	
Signature of Handler	
If you are a member of the Dogs New Zealand and/or your dog is DNZ registered, please supply the following information:	
Handler's DNZ Registration Number:	Dog's DNZ Registration Number:

To be completed by assessor(s):

Number and Name of Exercise	Achieved Yes ✓ No X	Brief reason if not achieved
1. Appearance, Handling and Responsibility:		
a. Responsibility and care		
b. Public cleanliness and identification		
c. Examination of the dog by handler		
d. Grooming and inspection of the dog by the assessor		
2. Food Manners:		
a. Person eating		
b. Dog eating		
3. Accepting A Friendly Stranger		
4. Accepting Being Patted By A Friendly Stranger		
5. Walk On Lead Through A Door/Gate In A Controlled Manner		
6. Restrained Return To Handler		
7. Walk On Lead		
8. Controlled Walk Through People and Distractions:		
a. Pedestrian traffic		
b. Distractions		
9. Stay Tied On Lead		
10. Meeting A Stranger and Their Dog		
11. Supervised Separation		
12. Playing With the Dog		

To be completed by hosting club and assessor(s):

Hosting club:	Date of Assessment:
Club Official (Print name):	Club Official (Signature):
Club Official (Title):	
Assessor (1) (Signature):	Assessor (2) (Signature):
Assessor (1) (Print name):	Assessor (2) (Print name):
Please Circle: PASS FAIL 	Completed form , together with the DNZ Assessment Fee of \$20 , to be sent to: Dogs New Zealand Private Bag 50903 Porirua 5240