

Dog's Pet Name:	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 \$15 , to be sent to: Dogs New Zealand Private Bag 50903 Porirua 5240

