

Canine Good Citizen

Foundation Assessment Sheet



To be completed by handler (please print)

Dog's Pe	t Name:	DOB:	Bree	ed/s:			
Dog Registered with (Council/Local Authority):		-4		Council/Local Authority Registration Tag No.:			
Dog's DNZ Registered Name & Titles (if any):							
Handler's Name:				Phone Number(s):			
			Email:				
Address: 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						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 Ex	cercise		Achieved Yes ✓ No X	Brid	ef reason if not achieved	
1.	Appearance, Handling and Respons	ibility:					
	a. Responsibility and care						
	b. Public cleanliness and iden	tification					
	c. Examination of the dog by I						
	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	eeoeeor(e):					
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: \$\ \end{pmatrix} Dogs New Zealand Private Bag 50903 Porirua 5240			