

Dog's Pet Name:

Canine Good Citizen

Gold Assessment Sheet

To be completed by handler (please print):

Breed/s:



To be completed by handler (please print)

Dog Registered with (Council/Local Authority): Council/Local Authority Registration Tag No.:					
Dog's DNZ Registered Name & Titles (if any):					
· · · · · · · · · · · · · · · · · · ·					
Handler's Name: Phone Nu		Number	mber(s):		
Address: Email:					
CGC train		raining w	ing with:		
I understand: 1) information on this form may be shared between DNZ and the local at					
2) the handler's and dog's name and CGC status will be accessible through the DNZ website; 3) the owner 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:					
				ine following information.	
			Registration Number:		
To be completed by assessor(s):					
Number and Name of Exercise			Achieved Yes ✓ / No X	Brief reason if not achieved	
26.	26. Responsibility and Care				
27.	Walking Beside the Handler, Without a Lead				
28.	Sending the Dog To A Known Article And Stayin	g			
29.	29. Parked Vehicle Control:				
	a. Into a Vehicle And Leaving Dog				
	b. Distractions Outside the Vehicle While	Parked			
	c. Out Of a Vehicle				
30. Delivering a Dropped Article To Handler					
31.	Another Person (other than handler) Walking the Dog In a Public Area, With Distriactions:				
	a. Handing the dog over to the nominated person				
	b. Person walking the dog in a public area				
	C. Distractions while person walking the dog in a public area				
32.	Stop the Dog In A Public Area				
33.	3. Walking, With Distractions, In A Busy Public Area:				
	a. Walking				
	b. Distractions				
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			form, together with the Z Assessment Fee of \$2 e sent to:	Dogs New Zealand Private Bag 50903, Porirua 5240	