

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:
	CGC training with:

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 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 or your dog is DNZ registered, please supply the following information:

Handler's DNZ Registration Number:	Dog's DNZ Registration Number:
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**To be completed by assessor(s):**

Number and Name of Exercise	Achieved Yes ✓ / No X	Brief reason if not achieved
<b>19.</b> Responsibility and Care		
<b>20.</b> Examination Of the Dog By A Stranger (Handler At A Distance)		
<b>21.</b> Return To Handler (With Distractions)		
<b>22.</b> Stop the Dog		
<b>23.</b> Advanced Vehicle Control:		
<b>a.</b> Into a vehicle		
<b>b.</b> Vehicle is moving		
<b>c.</b> Out of a vehicle		
<b>24.</b> Staying Still and Return To Handler In A Public Area		
<b>25.</b> Calm and Controlled Behaviour, While In A Busy Public Area		
<b>a.</b> Walking		
<b>b.</b> Staying in one area		
<b>c.</b> Accept being touched by a stranger		
<b>35.</b> Café Experience		

**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: <b>PASS</b> <b>FAIL</b> 	This form, together with the DNZ Assessment Fee of \$20, to be sent to: Dogs New Zealand Private Bag 50903 Porirua 5240