

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
20. Responsibility and care, public cleanliness, identification		
21. Examination of the dog by a stranger (handler at a distance)		
22. Stay in one place (untied, handler out of sight)		
23. Return to handler (with distractions)		
24. Stop the dog		
25. Advanced vehicle control:		
a. Into a vehicle		
b. Vehicle is moving		
c. Out of a vehicle		
26. Staying still and return to handler in a public area		
27. Calm controlled behaviour, whilst in a busy public area:		
a. Walking		
b. Staying in one area		
c. Accept being touched by a stranger		

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 	This form, together with the DNZ Assessment Fee of \$15, to be sent to: Dogs New Zealand Private Bag 50903 Porirua 5240