NAVHDA Test Entry Form

Revised 12/02/2020

SELECT TYPE OF TEST:

CHAPTER:			NATURAL ABILITY	
TEST DATES:			UTILITY	<u>PREPARATORY</u>
Preferred Run Date:			UTILITY	
DOG INFORMATION		NAVHDA REG	REGISTRATION # REQUIRED	
REGISTERED DOG NAME:			CALL NAME:	
BREED OF DOG:			WHELP DATE:	
SEX OF DOG: MALE FEMALE		AGE ON TEST DAY: YEARS: MONTHS:		
HIP DYSPLASIA TESTED?	Yes (on file)	Yes (copy enclosed) No		
DNA CERTIFICATION:	If the dog has a DNA profile, please include a clear copy of certificate with this entry form			
If YES, wou	le that your female could be in sea Ild you consider running on the fin s, please contact the Chapter Test Se	al day of the w	veekend?	YES NO YES NO has come into season.
OWNER INFORMATION		NAVHDA MEMBER #: REQUIRE		REQUIRED
Full Name:		Membership		
Street:		City, State Zip:		
Cell Phone:		Email:		
HANDLER INFORMATION		NAVHDA MEMBER # REQUIRED		
Full Name:		Membership		
Cell Phone:		Email:		
IS THE HANDLER UNDER 19 YEARS OLD: YES NO				

CHECK WITH THE ABOVE-MENTIONED CHAPTER REGARDING THE TEST ENTRY FEES AS WELL AS THE TEST CANCELLATION FEES

Send the following items to the Chapter Test Secretary:

- 1. This completed Test Entry Form
- 2. Copies of any additional documents
- 3. Test Entry Fee (as posted on Chapter's website)