

NAVHDA Test Entry Form

Revised 01/31/2025

SELECT TYPE OF TEST:

CHAPTER: _____

[NATURAL ABILITY](#)

TEST DATES: _____

[GUN DOG](#)

Preferred Run Date: _____

[UTILITY](#)

DOG INFORMATION		NAVHDA 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

THE FOLLOWING INFORMATION WILL HELP US CREATE THE RUNNING ORDER:

Is it possible that your female could be in season during this test? YES NO

If YES, would you consider running on the final day of the weekend? YES NO

As the test date approaches, please contact the Chapter Test Secretary and advise whether your dog has come into season.

OWNER INFORMATION	NAVHDA MEMBER #:	REQUIRED
Full Name:	Membership	Life Member
	Expiration Date:	Paying Life
Street:	City, State Zip:	
Cell Phone:	Email:	

HANDLER INFORMATION	NAVHDA MEMBER #	REQUIRED
Full Name:	Membership	Life Member
	Expiration Date:	Paying Life
Cell Phone:	Email:	

IS THE HANDLER UNDER 19 YEARS OLD:	YES	NO
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**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)

Test Secretary:
Alicia Brunk
aliciabrunk@gmail.com
(920)248-1767

Paypal: @brewcitynavhda