

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

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
------------------------------------	-----	----

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