Wet Dog Test Reporting Form

Date of Test	Hosting Organization		
	Phone_		
Address			
City, St, ZIP	_E-mail		
Judge	How many dogs were Tested?		
Address	Phone		
City, St, ZIP	E-mail		
List below the information fo	or all of the dogs which were te	sted:	
Dog's Name	Breed		
Owner's Name	Phone		
Address	City	St	ZIP
	Test Passed		
Dog's Name	Breed		
	Phone		
Address	City	St	ZIP
e-mail	Test Passed	Test Failed	Member?
	Bı		
A dame	C:t	Phone	710
Address	City	Sl	ZIP
e-maii	Test Passed	lest Falled	Member?
	Bı	eed	
Owner's Name		Phone	
	City		
e-mail	Test Passed	Test Failed	Member?
	_Breed		
Owner's Name		Phone	
Address	City	St	ZIP
e-mail	Test Passed	Test Failed	Member?
Dog's Name	Breed		
Owner's Name		Phone	
Address	City	St	ZIP
e-mail	Test Passed	Test Failed	Member?
Dog's Name	Bı	reed	
Owner's Name			
	C:t-	St	ZIP
e-mail	Test Passed	Test Failed	Member?
Dog's Name	R,	eed	
Owner's Name			
Address		Phone	
e-mail			Member?
C-111a11	Test Passed Mail this fo		ivienidei (
	un uns r		

Mail this form to: WET DOG 5068 Nestel Road E. St. Helen, MI 48656-9568

questions? (517) 389-2000 e-mail: DogScouts@aol.com