

Wet Dog Test Reporting Form

Date of Test _____ Hosting Organization _____
Contact Name _____ Phone _____
Address _____
City, St, ZIP _____ E-mail _____

Judge _____ How many dogs were Tested? _____
Address _____ Phone _____
City, St, ZIP _____ E-mail _____

List below the information for all of the dogs which were tested:

Dog's Name _____ 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? _____

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Owner's Name _____ Phone _____
Address _____ City _____ St _____ ZIP _____
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Owner's Name _____ Phone _____
Address _____ City _____ St _____ ZIP _____
e-mail _____ Test Passed _____ Test Failed _____ Member? _____

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

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