# NAVHDA Test Entry Form

*Revised 02/25/2023*

SELECT TYPE OF TEST:

CHAPTER: _____

TEST DATES: _____

Preferred Run Date: _____

NATURAL ABILITY

UTILITY PREPARATORY

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 Expiration Date: | Life Member Paying Life |
| Street: | City, State Zip: | |
| Cell Phone: | Email: | |
| | | |

| HANDLER INFORMATION | NAVHDA MEMBER # | *REQUIRED* |
|---|---|---|
| Full Name: | Membership Expiration Date: | Life Member 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)