



AKC TRICK DOG EVALUATOR

RECORD KEEPING FORM FOR TESTS

NOVICE

INTERMEDIATE

ADVANCED

PERFORMER

Evaluator Name _____ Evaluator Number _____ Date _____

Location _____

Handler Name	Dog Call Name	Breed	Pass: Yes/No	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

NOTES: