



AKC S.T.A.R. Puppy® Program TEST SUMMARY FORM

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Directions: The original of this form should be completed and mailed to AKC® for each event, even if only one puppy was tested. MAIL THIS TEST SUMMARY FORM ONLY - KEEP YELLOW COPIES FOR AT LEAST ONE YEAR.

Date of AKC S.T.A.R. Puppy® Test _____ Organization (club name, etc) _____

Please mark the ONE category that best describes the provider of the AKC S.T.A.R. Puppy classes/test:

- Private trainer (non AKC club test)
- AKC all breed club (all breeds)
- AKC obedience club
- AKC specialty club (for one specific breed)
- AKC Club-other (agility, field, tracking, etc)
- Pet super store: Store name _____
- Therapy/service dog organizations
- Shelter/rescue/humane societies
- Veterinary Clinic
- Boarding Kennel
- 4-H clubs
- Other _____

City/State/ZIP of CGCSM Test _____

Evaluator _____ Approved CGC Evaluator Number (Required) _____
(Evaluators for AKC S.T.A.R. Puppy Program must be Approved CGC Evaluators)

Check here if this is a new address.

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

How many puppies entered?	_____	_____ Purebred	_____ Mixed breed
	<small>Total</small>		
How many puppies passed the test?	_____	_____ Purebred	_____ Mixed breed
	<small>Total</small>		

I have the required experience for conducting AKC S.T.A.R. Puppy evaluations. I have worked with other owners and their dogs and a variety of breeds. I am at least 18 years old. I have read and understand the CGC and AKC S.T.A.R. Puppy evaluator materials. I am an AKC-approved CGC evaluator. I am not suspended from AKC.

Evaluator Signature

Thank you very much. Please return to:
AKC • Canine Good Citizen® Department • P.O. Box 900064 • Raleigh, NC 27675-9064





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