AKC TRICK DOG
TRICKS CHECKLIST: INTERMEDIATE

Instructions: Include this page with the AKC Trick Dog Title Application.

A TOTAL OF 10 TRICKS ARE REQUIRED TO EARN THE INTERMEDIATE TRICK DOG TITLE. Must have the Novice Trick Dog Title; CGC is not required. No more than 2 Handler’s Choice tricks (optional). Tricks must not have been previously submitted for Novice.

☐ 10 Intermediate tricks have been observed by evaluator and are checked below.

___ Balance on ball or foam exercise peanut
___ Balance treat on nose or head (e.g., dog biscuit)
___ Carry (such as basket or another object)
___ Catch (soft toy, soft ball, treat, etc.)
___ Close door
___ Close drawer
___ Crawl (at least 5 body lengths—may use food/toy lure)
___ Fetch it (20 ft. away and deliver to hand)
___ Flyball (run to, push, get ball)
___ Game (manipulates interactive canine game)
___ Go find (handler hides, dog goes and finds)
___ Go to your place (to bed/mat, crate from 10 ft.)
___ Hand signals (Sit, down, come, stand. Total of 3.)
___ Head down
___ Heeling with automatic sit
___ Jump through handler’s circled arms (or over handler’s leg)
___ Leg weave (weave around handler’s legs)
___ Open door
___ Open drawer (cloth pull handler)
___ Paws up (on handler’s arm)
___ Pull a toy on a string or rope
___ Push button/key to make sound
___ Remove object from box/toy mailbox
___ Ring bell, doorbell mounted on wood
___ Rollover
___ Shell game ("Find it"—treat or scent item under 1 of 3 cups)
___ Sit pretty (sit up or sit w/ head tilted)
___ Teeter totter (may use agility equip. in Intermediate)
___ Touch lamp
___ Wave good-bye/hello
___ Weave poles (may use food or toy lure—6 weave poles)
___ Wobble board
___ Other: Handler’s choice #1: _______________________
___ Other: Handler’s choice #2: _______________________

In Intermediate, handlers may not use lures unless specified, but may use food rewards or clickers.

Dog owner name_________________________________________ Dog Name ______________________
Evaluator name_________________________________________ Eval Number ______________ Date_________
Evaluator signature (if in-person test)______________________ [  ] Check here if tested by video