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

A TOTAL OF **10 TRICKS** ARE REQUIRED TO EARN THE AKC NOVICE TRICK DOG TITLE.

**CGC Skills**
**Foundation Behaviors for Trick Training**

1. Accepts friendly stranger
2. Sits politely for petting
3. Appearance and Grooming
4. Out for a Walk
5. Walking through a crowd
6. Sit, Down, Stay in place
7. Coming when called
8. Reaction to another dog
9. Reaction to distractions
10. Supervised Separation

If you have a Canine Good Citizen (CGC) certificate or title on record at AKC, you may count the CGC as 5 of the required tricks for the NOVICE TRICK DOG TITLE.

Check one box:

- [ ] CGC is on record (counts as 5 tricks). 5 additional tricks have been observed by evaluator and are checked below.

- [ ] No CGC, 10 tricks have been observed by Evaluator and are checked below.

___ Balance beam (walk on board a few inches off floor)
___ Bark on cue (“Speak”)
___ Crawl (dog on belly, crawls at least 3 body lengths)
___ Fetch it (ball, etc., 10 ft. away, bring to handler within 2 ft)
___ Find it (find treat or scent item hidden under 1 cup or object)
___ Get your _______. (Leash, brush, name of toy)
___ Get in (gets in box)
   ___ Sits in box (on cue)
___ Get on (gets on low platform or step - 4 paws)
___ Hand signals (Choose one: down, sit, or come)
___ High five
___ Hold (3 seconds)
___ Jump (thru a low hoop or over a low bar)
___ Kennel up (go in crate, stay in until released)
___ Kiss (point to cheek or back of hand)
___ Paws up (2 front paws on low stool or step)
___ Push-ups (sit, down, sit, down, sit, down)
___ Shake hands
___ Spin in circle
___ Touch it (hand or target stick)
___ Tunnel (agility tunnel or child’s tunnel)
___ Other: Handler’s choice:_____________________
___ Other: Handler’s choice:_____________________

For the Novice title, handlers may use a food/toy lure if needed. May use food/clicker reinforcers.

Dog owner name___________________________________ Dog Name ____________________
Evaluator name___________________________Eval Number____________  Date_________
Evaluator signature________________________________________

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