

AKC® Urban Canine Good Citizen® (CGCU)

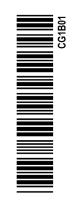


TEST SUMMARY FORM

We suggest that you send your Test Summary Form via this online link. You will immediately receive a confirmation that AKC received it. This only takes a minute to complete and you do not have to send this paper form if you use the online system. http://www.akc.org/events/cgc/evaluator_test_summary_form.cfm

Directions: The original of this form should be completed and mailed to AKC for each event. MAIL THIS TEST SUMMARY FORM ONLY - KEEP YELLOW COPIES FOR AT LEAST ONE YEAR.

Date of CGCU TestO	Organization (club name, etc)		
Please mark the ONE category that best of	describes this test.		
O Private trainer (non AKC club test)	O Therapy/service dog	organizations	
O AKC all breed club (all breeds)	O Shelter/rescue/huma	O Shelter/rescue/humane societies	
O AKC obedience club	O Veterinary Clinic	O Veterinary Clinic	
O AKC specialty club (for one specific b	breed) O Boarding Kennel	O Boarding Kennel	
O AKC Club-other (agility, field, tracking	ng, etc) O 4-H clubs	O 4-H clubs	
O Pet super store: Store name	Other		
City/State/ZIP of CGCU Test			
Main Evaluator	Approved Evaluator Number (Evaluator must have passed onli	(Required)	
☐ Check here if this is a new address.			
Address			
City	State	Zip	
Phone	Email		
How many dogs entered?	Purebred	Mixed breed	
How many dogs passed the test? Total		Mixed breed	
I have the required experience for conduct dogs and a variety of breeds. I am at leas materials. I have not been suspended from	st 18 years old. I have read and under		
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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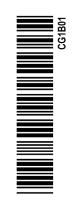


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O AKC obedience club	O Veterinary Clinic	O Veterinary Clinic	
O AKC specialty club (for one specific b	reed) O Boarding Kennel	O Boarding Kennel	
O AKC Club-other (agility, field, tracking	g, etc) O 4-H clubs	O 4-H clubs	
O Pet super store: Store name	O Other		
City/State/ZIP of CGCU Test			
Main Evaluator Approved Evaluator Number (Required) (Evaluator must have passed online test)			
☐ Check here if this is a new address.	` '		
Address			
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