



Begleithund Test Result Sheet

Tel: 071 861 9910/2 Fax: 086 606 6909

To be completed in duplicate: One to the GSD Federation of SA (1x to the Local Club)

federation of sa

Club: _____

Province: _____

Venue: _____

Date: _____ / _____ /20_____

Judge: _____

Test Manager: _____

No	a) Name of Dog b) Name of Owner c) Name of Handler	Youth Handler (Y)	Working Book	Member Number	Passed Yes/No	Remarks
			Tattoo Number			
	a)					
	b)					
	c)					
	a)					
	b)					
	c)					
	a)					
	b)					
	c)					
	a)					
	b)					
	c)					
	a)					
	b)					
	c)					

I, the Judge confirm herewith that I have personally checked the tattoo numbers of all dogs entered.

Judge's Signature

Test Manager's Signature