



WATER TEST REPORT

Date(s) on which judged _____ No. of Starters _____

No. of Entries _____

THE FOLLOWING DOGS PASSED:

Name of Dog _____ Check One: () Amateur () Professional
AKC No. _____ Sire _____ Dam _____
Owner's Name _____ Owner's Address _____
Handler's Name _____ Handlers Address _____

Name of Dog _____ Check One: () Amateur () Professional
AKC No. _____ Sire _____ Dam _____
Owner's Name _____ Owner's Address _____
Handler's Name _____ Handlers Address _____

Name of Dog _____ Check One: () Amateur () Professional
AKC No. _____ Sire _____ Dam _____
Owner's Name _____ Owner's Address _____
Handler's Name _____ Handlers Address _____

Name of Dog _____ Check One: () Amateur () Professional
AKC No. _____ Sire _____ Dam _____
Owner's Name _____ Owner's Address _____
Handler's Name _____ Handlers Address _____

Name of Dog _____ Check One: () Amateur () Professional
AKC No. _____ Sire _____ Dam _____
Owner's Name _____ Owner's Address _____
Handler's Name _____ Handlers Address _____

JUDGE'S CERTIFICATION

I certify that _____ dogs passed the Water Test and that all above information identifying the dogs that passed was entered prior to my signing this page.

Judge's Signature

Judge's Signature

PLEASE PRINT JUDGE'S NAME

PLEASE PRINT JUDGE'S NAME

FIELD TRIAL SECRETARY'S CERTIFICATION

I certify that the judges have verified the above information and signed this page.

DATE

Signature of Field Trial Secretary