



WATER TEST REPORT

Date(s) on which judged _____ Date: _____

Event #: _____
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 _____

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 AKC® No. _____ Sire _____ Dam _____
 Owner's Name _____ Owner's Address _____
 Handler's Name _____

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 AKC® No. _____ Sire _____ Dam _____
 Owner's Name _____ Owner's Address _____
 Handler's Name _____

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

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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



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