

REPORT ON CANINE GOOD NEIGHBOUR EVALUATOR

This form is for council representatives to document their review of CGN Evaluator's performance at CKC organized tests.

Form Submission: Please submit this form directly to CKC by mailing it to 5397 Eglinton Ave. W., Suite 101, Etobicoke, ON M9C 5K6 OR by emailing a scanned copy to <u>information@ckc.ca</u> attention: Events Department.

Evaluator Name	Judge's Number
Hosting Organization	Test Date (DD/MM/YY)
Test Location	CGN Council Representative's Name
TES	T STEPS
If a test step is not executed properly, please be sure incorrectly.	to note detailed information on what was done
Notes	for Evaluator
Test 1: Accepting A Friendly Stranger	
Correctly Evaluated? YES NO	
Notes	for Evaluator
Test 2: Politely Accepts Petting	
Correctly Evaluated? YES NO	
Notes	for Evaluator
Test 3: Appearance and Grooming	
Correctly Evaluated? YES NO	
Notes	for Evaluator
Test 4: Out for a Walk	
Correctly Evaluated? YES NO	

		Notes for Evaluator
Test 5: Walking Through a Crow	d	
Correctly Evaluated? YES	NO	
		Notes for Evaluator
Test 6: Sit/Down on Command a in Place (long line)	nd Stay	
Correctly Evaluated? YES	NO	
		Notes for Evaluator
Test 7: Come When Called (long line)		
Correctly Evaluated? YES	NO	
		Notes for Evaluator
Test 8: Praise/Interaction		
Correctly Evaluated? YES	NO	
		Notes for Evaluator
Test 9: Reaction to Passing Dog		
Correctly Evaluated? YES	NO	
		Notes for Evaluator
Test 10: Reactions to Distractions		
Correctly Evaluated? YES	NO	
		Notes for Evaluator
Test 11: Supervised Isolation		
Correctly Evaluated? YES	NO	
		Notes for Evaluator
Test 12: Walking Through a Door/	Gate	
Correctly Evaluated? YES	NO	
Additional Comments		
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CGN Council Representative's Sig	nature:	/ _/ Date: (DD/MM/YYYY)