



OFFICIAL HUNT TEST REPORT FORM

Squirrel Hunt Test for Curs and Feists

Date _____ # of Dogs Evaluated _____
Club Name _____ Club # _____
Club Officer Verification _____ print name / _____ signature
Address _____ City _____ State _____ Zip _____
Daytime Phone # (_____) _____ E-mail Address _____

Please include information requested below for each dog evaluated, regardless of whether the dog Passed or Failed.

01. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

02. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

03. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

04. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

05. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

06. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

07. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

08. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

Mail top copy to UKC. Second copy to be kept by Secretary of club.
UKC Field Operations Department • 100 E Kilgore Rd • Kalamazoo MI 49002-5584
269.343.9020 • UKCdogs.com

UKC OFFICE USE ONLY

Initials: _____ Date Received: _____ Fee Paid: _____
Notes: _____

