COLLIE CLUB OF AMERICA HERDING INSTINCT TEST REPORT

Name of Sponsor	
Date of Test	(Use separate Report form for each day)
Location of Test	
Tester	
Type of Stock	

Please list all Collies entered, giving complete registered name, variety (r) or (s), and name of owner. If there was more than one tester, list dogs separately by tester; if more than one type of stock, list separately by type of stock.

Name of Dog	Owi	ner	Passed	Did Not Pass
If applicable, dogs othe	er than Collies entered:	Number Tested:	_ Number Passe	ed:
	test (e.g. tester or testers pre ally stated on the sanction fo			etc.)
	s, inadequacies in livestock o or unusual occurrences of a			
Were there any injuries of	any kind to livestock, or a to	dog being tested?	(yes or no)	
[NOTE: If any of the answ	ers to the above questions w	vas yes, attach a full repor	t.]	
Dated:	Test Secretary/Spons	oring Individual:		

Send completed form to the Chairman of the CCA Working Collie Committee.