

**National Working Dog Association
Test Application**

Please check the test you are entering:

- | | | | |
|--------------------------|------------|---|----------------|
| <input type="checkbox"/> | BST | (Breed Suitability Test) | \$45.00 |
| <input type="checkbox"/> | OBT | (Obedience Test) | \$35.00 |
| <input type="checkbox"/> | WST | (Working Suitability Test) | \$35.00 |
| <input type="checkbox"/> | WTE | (Working Temperament Evaluation) | \$25.00 |
| <input type="checkbox"/> | AD | (Endurance Test) | \$45.00 |
| <input type="checkbox"/> | SD1 | (Sport Dog Test) | \$50.00 |
| <input type="checkbox"/> | SD2 | (Sport Dog Test) | \$50.00 |
| <input type="checkbox"/> | SD3 | (Sport Dog Test) | \$50.00 |
| <input type="checkbox"/> | PD1 | (Protection Dog Test) | \$50.00 |
| <input type="checkbox"/> | PD2 | (Protection Dog Test) | \$50.00 |
| <input type="checkbox"/> | PD3 | (Protection Dog Test) | \$50.00 |

Test Location: _____ **Test Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Owner Information

Owners Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Handler Information

Handler Name (if Different): _____

Canine Information

Registered Name: _____

Breed Of Dog: _____ **D.O.B.:** _____

Call Name (if any): _____ **Score Book#:** _____ **Sex:** _____

Registration Number: _____ **Tattoo/Microchip#:** _____

I AGREE TO HOLD HARMLESS AND WAIVE ALL CLAIMS AGAINST ANY NWDA OFFICER, MEMBER, PARTICIPANTS, HOST CLUBS OR GROUNDS OWNERS AND THEIR HEIRS, ASSIGNEES OR REPRESENTATIVES FOR ANY INJURY, ACCIDENT OR LOSS WHICH MAY OCCUR AS A RESULT OF ATTENDING OR PARTICIPATING IN THIS EVENT.

Owner Signature: _____ **Date:** _____

Handler Signature: _____ **Date:** _____
(if different from above)