

Canine Good Citizen Silver Test Sheet

Dogs must be 9 months of age or older and must have successfully completed CGC Bronze

Dog & Handler Section		
Microchip Number (compulsory)		
Registration Number (if applicable)		
Name of Dog		
		Sex
CGC Bronze Certificate number*:		Date issued:
Full name of Owner		
Address of Owner	-	
Code	E-mail	
Tel. No. (H)	(W)	(Cell)
responsible for any damage, injury or de		anine Good Citizen Tests cannot be held ilst participating in the Tests. Furthermore, I to these tests.
Name of host Club/Organising Body		
Signature of Owner /Handler		Date

Evaluator Section

Each time a test is taken, the appropriate block must be dated and initialled by the Evaluator.

Schedule of Tasks	Results					
Tasks may be done in any order. Dogs may be tested singly or in groups.	Pass	Not Ready	Pass	Not Ready	Pass	Not Ready
1) Controlled greeting						
2) Present for examination						
3) Care and responsibility						
4) Play with dog						
5) Walk on lead with distractions						
6) Road walk						
7) Rejoin handler						
8) Stay in one place						
9) Supervised isolation						
10) Vehicle or crate control						
11) Food manners						

^{*}Only dogs that have been awarded a Canine Good Citizen Bronze Certificate may participate in the Canine Good Citizen Silver. The CGC Bronze certificate number must appear on this test sheet.

OFFICE USE: To be completed by the Evaluator of the final Test I certify that the dog and owner/handler named on this test sheet have successfully completed all the tests listed above and may be awarded the KUSA Canine Good Citizen Silver Certificate. Signed ____ Valid Rabies Certificate presented Signed _____ Valid Vaccination Certificate presented Fee paid _____ CGC Certificate No. _____ Signed Date Name of Evaluator (print) **Declaration by Participant** By my signature to this form, I, the owner or handler or authorised agent of the dog specified, affirm that I have read and understood the full contents of the Test Sheet, including the contents of this declaration. 1. The attendance of a dog that has either suffered from or been exposed to any infectious or contagious disease(s) within six (6) weeks prior to participating in any Canine Good Citizen Tests or that is suffering from any disease or illness at the time of the Test, or is in any way unfit to take part in any of the Tests, gives the organizers the right to refuse me entry and/ or the right to dismiss me from the Test venue and not allow me to return until such time that the dog is fit and healthy. 2. The dog is participating entirely at my own risk. Accordingly, unless specifically authorised by the Evaluator while the dog is performing the designated "Off Lead" exercises, I will ensure that the dog is at all times properly secured by a leash or lead that must be at all times either hand- held or securely anchored. 3. I am fully responsible for my dog's safety and behaviour at all times to the extent that I accept personal liability in respect of any claim made in respect of any damage or injury caused by my dog and/or my failure to adequately control my dog. I acknowledge that my dog has the ability to cause harm to other dogs, persons or property. 4. I indemnify the Kennel Union of Southern Africa, the host Club or Organising Body and the officers of the Club or Organising Body against any and all claims of whatsoever nature and howsoever arising that may be levelled against them, jointly or severally, in respect of any harm caused by my dog and or any failure on my part to adequately control my dog. 5. I am fully responsible and liable for any harm caused to any person, animal or property arising out of any action by any minor child whom I am legally responsible by allowing them to handle a dog for which I am responsible, at the venue where the tests are being conducted. 6. I indemnify the Kennel Union of Southern Africa, the host Club or Organising Body and the officers of the Club or Organising Body against any and all claims of whatsoever nature and howsoever arising that may be levelled against them, jointly or severally, in respect of any harm caused by any minor child for whom I am legally responsible whilst present at the venue where the tests are being conducted. Signed at _____ on this day ____ of ____ 20____ Signature ____ Full name (print)

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(To be signed by legal guardian in the case of a minor child. Children must be over 8 years of age.)

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