



# Instinct Test

APRIL (SUNDAY) 29, 2012

## **COST \$50/dog**

A certificate will be provided to all dogs that pass

**Where:** 3625 Kingburne Dr, Cobble Hill, BC, V0R1L0

This is an outdoor facility so please come prepared for the heat or the rain(c);

**When:** April 29, 2012

**Why:** To see if your dog has herding instinct

**Time:** You will be given an approximate time after your registration has been received, please make sure to arrive early to give your dog time to settle in

**What you need to bring:** Leash (not a Flexi), Flat Collar, appropriate Weather gear (sun screen, rain gear, etc), somewhere for your dog to rest (there will be a cool area to crate your dog if you want to)

**What you need to know:** This is not an official CKC event, but every dog that shows interest, trainability, and stock sense will be given a certificate.

**ALL DOGS MUST REMAIN LEASHED WHEN NOT BEING WORKED**

## **SPACE IS LIMITED**

Please note your space will not be considered confirmed until your payment and signed waiver has been received

If you have any questions please don't hesitate to contact Kristin at [karab@telus.net](mailto:karab@telus.net), or 250-715-5844  
Please Mail: Registration, Signed Waiver and Check to: Kristin Thomson, Box 383, Cobble Hill, BC, V0R1L0



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OWNER: \_\_\_\_\_ DOG: \_\_\_\_\_  
(as you wish name to appear on the certificate)

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ CALL NAME: \_\_\_\_\_  
(if different then above)

EMAIL: \_\_\_\_\_ PHONE#: \_\_\_\_\_

WHAT TRAINING HAS YOUR DOG HAD (herding or otherwise):

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MORNING SPOT  AFTERNOON SPOT

(Although we will do our best to accommodate your preference we are unable to guarantee you will get your preference)

**RELEASE FORM:** I hereby release from responsibility the instinct test committee, HAWG Training Facility, Kristin Thomson, Anita Thomson & exhibitors/participants from any costs incurred as a result of any damage to my property, my dog(s), or me. I understand that I am responsible for any costs incurred as a result of any damages caused by my dog(s) to facilities, persons or animals. My signature acknowledges that I have read this form and that I am responsible for any costs incurred as a result of damages caused by my dog(s) to the facilities, animals and/or persons. Replacement cost of sheep is \$150.00.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please print clearly)

SIGNATURE: \_\_\_\_\_