



# PANEL MEETING RESULTS

**MUST BE FILLED OUT BY THE PANEL IF HANDLER WISHES TO FILE A UKC APPEAL. IF NO APPEAL IS FILED, DISREGARD THIS FORM.**

1. What were the factual findings of the Panel? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please identify all rules and procedures that apply to this case. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the Panel support or override the decision of the Master of Hounds?     Support     Override

4. Names and phone numbers of the Panel:

_____	( _____ ) _____ - _____
<small>Name</small>	<small>Phone Number</small>
_____	( _____ ) _____ - _____
<small>Name</small>	<small>Phone Number</small>
_____	( _____ ) _____ - _____
<small>Name</small>	<small>Phone Number</small>

**MAIL THIS FORM ALONG WITH APPEAL FORM TO UKC AT THE ADDRESS BELOW.**



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