



OFFICIAL HUNT TEST REPORT FORM

Raccoon Hunt Test for Coonhound/Cur Dogs

Date _____ # of Dogs Evaluated _____

Club Name _____ Club # _____

Club Officer Verification _____ / _____
print name *signature*

Address _____

Daytime Phone # (_____) _____ Email Address _____

Please include information requested below for each dog evaluated, regardless of whether the dog Passed or Failed.

1. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

2. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

3. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

4. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

5. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

6. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

7. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

8. Dog's Name _____ UKC # _____ Breed _____
Owner _____ City & State _____ **PASS / FAIL**
Inspector (Please Print) _____

This report must include recording fee of \$3 per dog entered.

TOTAL ENCLOSED: \$ _____

MAIL TO: UKC FIELD OPERATIONS DEPARTMENT • 100 E KILGORE RD. • KALAMAZOO, MI 49002-5584 • (269) 343-9020 • WWW.UKCDOGS.COM

UKC OFFICE USE ONLY

Initials: _____ Date Received: _____ Fee Paid: _____

Notes: _____