Chinook Owners Association

Working Dog Program

Date: Registration Number: Registration Type: UKC UKC LP COA CrossBreeding Program

Owner & Co-Owner:			Dog's Reg	Dog's Registered Name:			Handler:
Owner email: Own		Owne	r Phone #:		Dog's Date of Birth:		Handler email:
Owner Street Address: Number, Street, Town, State, Zip Code							Handler Phone #:
CRITERIA	DESI	ORMANCE	RMANCE FAILING PE			ERFORMANCE	
Backpack	☐ Accepts backpack ☐ Allows load to be placed and balanced					Refuses to accept backpack Lies down and won't move when loaded Handler fails to balance the load	
Travel	 □ Walks on a loose lead or off-leash with the handler □ Yields to others on the trail □ Keeps pace with handler around obstacles □ Passes distractions without reacting 				Pulls excessively on leash Refuses to yield trail / out of control Leads or lags handler consistently Won't stay with handler Has to be restrained from distractions		
Rest stop	☐ Waits calmly for hike to resume				Refuses to settle Is not offered water by handler Handler fails to pack out trash and waste		
Trip Log							
		Pack Weight	Distance (Miles) and /or Elevation (Feet)		Comments Note if Trip narratives/journal are included in application		
Other	Dog is willing to work & has a positive experience Comments:				Excessive force / Comments:	intimidation used by handler	
I confirm the above information is accurate.							

Signature of Handler