



Pittsburgh, PA

CANINE GOOD CITIZEN® TEST



March 11, 2018 (Sunday)

Sponsored by Golden Triangle Obedience Training Club

Testing begins at 12:00 PM to conclusion
Golden Triangle Obedience Training Club
91 Terence Drive
Pleasant Hills, PA 15236

CGC® \$20.00 per team

Requirements:

Dogs must be old enough to have received necessary immunizations such as rabies vaccine. **Proof of vaccinations is REQUIRED.** Please bring a copy of your dog's vaccination records with you to the test site. **You will NOT be able to test without them.** There is no age limit to test for the CGC®. ALL dogs (mixed or purebred) are welcome. **Bring your dog's grooming brush or comb with you. Have your dog on six-foot leash (no flexies).** Dogs may only wear one of the following: a plain buckle or slip collar or harness (no pull harnesses, no jump harnesses, prong collars, or head halters, i.e., Gentle Leader, Halties are not permitted).

Please be advised that whether or not your dog is registered with the AKC, if your dog passes the test, you will be able to purchase an official certificate from the AKC for an additional fee along with proof of passing the CGC® test. Qualifying dogs are automatically recorded in the AKC's CGC® Archive.

For more information on CGC® testing requirements, visit the AKC site at http://www.akc.org/events/cgc/training_testing.cfm

Directions from North and South Route 51

Turn right at the Pleasant Hills Cloverleaf to **Curry Hollow Road** towards South Park (Bethel Park sign). **Turn left** onto **Arbor Lane** (Sheetz Gasoline Station). **Bear right** onto **Terence Drive**. Training building is on the left-hand side across from Weiss' Meat Market.

Mail Pre-registration Form to:

Pre-registration is required and must be received no later than **March 9, 2018**

Darlene Seibel
c/o Golden Triangle Obedience and Training Club
5643 Fifth Street
Pittsburgh, PA 15236

For more information contact Darlene by email dsloughran@comcast.net or call 412-576-6447.

Make Checks Payable to: GTOTC

Detach and return portion below

AKC CGC® Registration Form
(Please print or type)

Owner's Name: _____ Handler's Name _____

Address: _____

**E-mail Address: _____ Telephone No.: () _____

**** You will be contacted via e-mail in regard to the approximate time to arrive for your test.**

Breed of Dog: _____ AKC Registration No. (if applicable): _____

Dog's Date of Birth: _____ Dog's Call Name: _____

Dog's Registered Name (if applicable): _____