



**DOGS NSW - SCENT WORK RESULTS**

<b>NAME OF AFFILIATE:</b>	<b>DATE OF TRIAL:</b>
<b>TOTAL DOGS ENTERED IN TRIAL:</b>	

ELEMENT/CLASS/JUDGE	PLACE	CAT NO.	BREED	NAME OF DOG	REG NO.	SEX: M / F	OWNER	TIME/FAULTS
ELEMENT	1 <sup>st</sup>							
CLASS	2 <sup>nd</sup>							
JUDGE	3 <sup>rd</sup>							
ELEMENT	1 <sup>st</sup>							
CLASS	2 <sup>nd</sup>							
JUDGE	3 <sup>rd</sup>							
ELEMENT	1 <sup>st</sup>							
CLASS	2 <sup>nd</sup>							
JUDGE	3 <sup>rd</sup>							

<b>NAME:</b>	<b>PHONE:</b>	<b>SIGNATURE:</b>
<b>ADDRESS:</b>		

**IMPORTANT:** This form must be completed and returned, together with Dogs NSW Levy Payment **WITHIN 14 DAYS OF COMPLETION OF TRIAL** to:  
 The Secretary, DOGS NSW, P.O. Box 632, St Marys NSW 1790  
 Royal New South Wales Canine Council Ltd ABN 69 062 986 118 trading as DOGS NSW  
 Phone 02 9834 3022 or email [info@dogsnsw.org.au](mailto:info@dogsnsw.org.au)