



The German Shorthaired Pointer Club Pointing Test Entry Form

Test at: _____ Date: _____

Registered Name of Dog: _____

Breed: _____ Sex: _____ Date of Birth: _____

Breeder: _____

Sire: _____ Dam: _____

Class Entered: JUNIOR / ADULT (*delete as applicable*)

Owner: _____ Membership Number: _____

Address: _____

Telephone Number: _____ E-Mail: _____

Handler: _____

Please copy this form if you wish to enter more than one test.