

WRDX FITNESS CERTIFICATION

Registered Name of Newfoundland/AKC/CKC#:

---

Call Name:

---

Date of Fitness Testing Date of Expiration (Pass applies for Water Test Season/fail applies for 30 days)

---

Method of Testing Used (For Record Keeping/Statistical Purposes)

---

Handler's Name (Print in Block Letters)

---

The Above Newfoundland Has Passed the Fitness Test on This Date:

---

Judge's Printed Name

---

Judge's Signature

Circle Judging Level: Mentor/Partner/Provisional

The Above Newfoundland Did NOT Pass the Fitness Test on This Date:

---

Judge's Printed Name

---

Judge's Signature