

Trial Date \_\_\_\_\_

Trial Host \_\_\_\_\_



## Exercise Adjustment Form

**Participant:** Turn in to the judge prior to the walk through for the class adjustments are being requested.

**Host:** Attach form to the trial results and keep for one year per trial/score sheet/results requirements

*More information is available on the web site under the Heart Dog tab*

Dog's Wag It Games Registration Name \_\_\_\_\_

WIG Registration number \_\_\_\_\_ Breed \_\_\_\_\_

Owner's Name \_\_\_\_\_

Briefly describe the dog's physical issue and limitations (example: Dog is blind. Advancing age is affecting mobility)

Exercise and course adjustments requested

Dogs are not eligible to participate if they show signs of pain, illness or injury are wearing bandages or have stitches

Owners Signature \_\_\_\_\_

Judges Signature \_\_\_\_\_