

WAG IT GAMES EXERCISE ADJUSTMENT FORM

Please submit one form for each activity. Deliver forms to the trial secretary as soon as possible to allow time for review.

Date _____

Dog Name
WIG Registration #
Breed
Handler Name

Select the adjustment category requested

- Dog Temporary Adjustment
- Heart Dog Adjustment (permanently physically challenged)
- Handler Temporary Adjustment
- Extraordinaire Handler Adjustment (permanently physically challenged)

Select the activity adjustment is requested

- Shadow
- Obstacles
- Dog Ball
- Sniff It
- Quarry Quest
- Agility (handler only)

Dogs are not eligible if they show signs of pain or illness. Dogs may not wear bandages or have stitches.

Judge's Name	Judge's Signature of Approval
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- **Please describe briefly the physical limitation that may affect performance. Use additional page if necessary.**
 - *(Example: Dog had surgery and is unable to sit straight.)*
- **Please describe the adjustments you are requesting. Use additional page if necessary.**
 - *(Example: I request an allowance for crooked sits.)*