**Puppy Level B: 6 Month Re-Check**

Handler Name:

Puppy Name:

Examiner:

Date:

**Did canine provide consistent “consent to pet” signals?**

**Did dog show “commitment” through willingness to participate with the support of its handler?**

Canine tested in:

○ Flat Collar

○ Other – see below and note as restriction

Restrictions:

○ Harness (any type) ○ Head Halter ○ Martingale Collar

○ No food/treats from visitors ○ Single dog visits only ○ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skills and bite notes:

|  |  |
| --- | --- |
| **○ This team has passed the Connecting Canines Puppy Level B Re-Check and may continue visiting as a certified Puppy Level B until puppy turns one year of age.** | ○ This team did NOT pass the Connecting Canines Puppy Level B Re-Check. |

Examiner Signature:

*I understand the results of this recheck and any restrictions that might apply to my certification. I also understand that my Puppy Level B certification is only good until my puppy reaches one year of age at which time I must test for and pass the Adult certification in order to continue visiting under Project Canine’s insurance.*

Examinee Signature: Date: