



American CAL & TAN Organization

Arm Band #

Test of Natural Aptitude TAN

Test host: _____
City: _____ State: _____ Zip: _____

Date of test: _____

Owner: _____ phone number: _____
(Please Print)

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Register name of dog: _____
(List all titles & degrees)

Call name: _____ Registry(s) & No(s): _____

Breed of Dog: _____

Date of Birth: _____ Sex of dog: Male ☐ Female ☐ Altered: yes ☐ no ☐
(dog must be 9 months old)

Color/ markings of dog: _____

Owner Signature _____ Date: _____

Official use only

Evaluator name: _____
(Please print)

Evaluator Number: _____

Evaluator Signature: _____

Payment info

Cash ☐ \$ _____

Check ☐ check # _____ (check made out to Host Organization)

Pre paid by PayPal ☐ \$ _____

Evaluation

1. Movement	1	2	3	4	5
2. Sociability	1	2	3	4	5
3. Reaction	1	2	3	4	5
4. Other dogs	1	2	3	4	5
5. Group	1	2	3	4	5
6. Object	1	2	3	4	5
7. Stay position	1	2	3	4	5

total score _____

passing score of 15

Passing dog Yes ☐ No ☐