

ENTRY FORM AND SCORESHEET

Location (City/State) Where Test Was Taken:		Date	Date:				
Test Entered: ☐ AA ☐ UBT-I ☐ UBT-II ☐ UBT-III			If there is an option to have the test conducted with Tracking Shoes, please indicate one of the following: With TS Without TS				
Full Name of Dog:							
Breed or Breed Type:	Call Name:		Sex: Da		Date	of Birth:	
Owner(s)/Handler:							
Address:							
City:			e: Zip:				
event and any additional rules for this eve sufficient. In consideration of the accepta agents, and the owner and/or lessor of t aforementioned parties, and any judge, jut to any person or thing by the act of this responsibility and liability for any such cla dog. Additionally, I (we) hereby assume th and expense (including legal fees) by reast death at any time resulting therefrom, su consequence of my (our) participation in to caused or may be alleged to have been callegature of owner or handler authorized	he premises and any provider of dging at this event, harmless from a dog while in or about the eventim,; and I (we) further agree to ho e sole responsibility for and agree on of the liability imposed by law stained by any person or persons this event, however such, injuries, used by the negligence of the afor	ortunity to services the any claim for the premises old the afor to indemn upon any cost, including death or p	hat are r for loss o s or grou rementic hify, defer of the afo g myself o	e dog tested, I ag necessary to hold a r injury which may ands or near any e ned parties harml and and save the afo prementioned part (ourselves), or on damage may be ca	ree to hold this event be alleged entrance ti ess from a premention ties for dar account of aused, and	d UBT, their members, directors, office and any employees or volunteers of to have been caused directly or indirectly and I (we) personally assume ny claim for loss, injury or damage to ned parties harmless from any and all mage because of bodily injuries, included the damage to property, arising out of the whether or not the same may have be	the ectly e all this loss ding or in
Tel:		Ema	ail:				
	Below This	Line for Ju	ıdge's Us	e Only			
□ UBT 1	□ UBT 2			□ UBT OL		☐ UBT 3	
400-500 yards 8	800-900 yards	800)-900 yar	ds		800-1000 yards	
8 ounces of blood -or- shoes with 3	3 ounces of blood -or- shoes with 3	3 8 ou	unces of	of blood -or- shoes with 3		8 ounces of blood -or- shoes with 3	
ounces of blood	ounces of blood	oun	nces of bl			ounces of blood	
2 approximately 90° turns	3 approximately 90° turns	3 ap	pproxima	imately 90° turns		3-5 turns or arcs of any degree	
1 wound bed	wound beds	2 w	ound be	ds		5 articles with markers	
	Aged at least 8 hours, overnight more up to 20 hours	ay Age	ed at leas	at least 4 hours		Aged at least 4 hours	
No additional challenges	No additional challenges		•	h recall and restart, ce, mark and go to find		+ one directional challenge, + one surface challenge, + one distracting challenge	
	Handler will be shown start and direction of track		Handler will search 50 yards from sta for hit site		om start	Handler will be shown hit site only	
30 minute time limit	60 minute time limit	60 r	60 minute time limit			60 minute time limit	
	call back allowed			ck allowed		1 call back allowed	
Evaluation Criteria: In addition to the Ger expected to engage in all components of t end of the track is not sufficient to pass. T	eral Provisions outlined in the "Po he test, such as turns, "challenges	olicies, Prod s" and the r	cedures, majority	and Guidelines for of the length of lir		king Tests", the dog and handler team	
□ PASS Excelle	nt □ Mai	rker Cou	nt (UB	T 3 Only)		☐ Fail	
Judge's Signature		PRI	NT JUDG	E's NAME			2 202