



Siberian Husky Club of America, Inc.

Application for SHCA Working Pack Dog Program

Registered Name of Siberian: _____

AKC Registration #: _____

Title Applying for: WPD _____ WPDX _____

Total Miles: _____ Number of Trips _____ (at least 2, but not more than 6)

Note: WPD: 2 trips must be at least 10 miles each, the remaining must be at least 5 miles each

WPDX: 2 trips must be at least 40 miles each, the remaining must be at least 10 miles each

TRIP #1: Total Miles: _____ (actual miles plus elevation gain/1000) Date: ____/____/____

Name of Trail: _____ Town: _____ State: _____

Actual Miles: _____ Elevation Gain: _____ ft. Topo Map: _____

Siberian's Weight: _____ # Pack Weight: START _____ # (25%) END _____ # (10%)

Itemized List of Pack Contents and Weight of each item:

Item	Weight #

Item	Weight #

(Use back side of sheet if needed for additional items)

Impartial Observer(s) Name(s): _____

(attach completed observer sheets to this form)

TRIP #2: Total Miles: _____ (actual miles plus elevation gain/1000) Date: ____/____/____

Name of Trail: _____ Town: _____

State: _____

Actual Miles: _____ Elevation Gain: _____ ft. Topo Map: _____

Siberian's Weight: _____ # Pack Weight: START _____ # (25%) END _____ # (10%)

Itemized List of Pack Contents and Weight of each item:

Item	Weight #

Item	Weight #

(Use back side of sheet if needed for additional items)

Impartial Observer(s) Name(s): _____

(attach completed observer sheets to this form)

TRIP #3: Total Miles: _____ (actual miles plus elevation gain/1000) Date: ____/____/_____

Name of Trail: _____ Town: _____

State: _____

Actual Miles: _____ Elevation Gain: _____ ft. Topo Map: _____

Siberian's Weight: _____ # Pack Weight: START _____ # (25%) END _____ # (10%)

Itemized List of Pack Contents and Weight of each item:

Item	Weight #

Item	Weight #

(Use back side of sheet if needed for additional items)

Impartial Observer(s) Name(s): _____

(attach completed observer sheets to this form)

TRIP #4: Total Miles: _____ (actual miles plus elevation gain/1000) Date: ____/____/_____

Name of Trail: _____ Town: _____

State: _____

Actual Miles: _____ Elevation Gain: _____ ft. Topo Map: _____

Siberian's Weight: _____ # Pack Weight: START _____ # (25%) END _____ # (10%)

Itemized List of Pack Contents and Weight of each item:

Item	Weight #

Item	Weight #

(Use back side of sheet if needed for additional items)

Impartial Observer(s) Name(s): _____

(attach completed observer sheets to this form)

TRIP #5: Total Miles: _____ (actual miles plus elevation gain/1000) Date: ____/____/_____

Name of Trail: _____ Town: _____

State: _____

Actual Miles: _____ Elevation Gain: _____ ft. Topo Map: _____

Siberian's Weight: _____ # Pack Weight: START _____ # (25%) END _____ # (10%)

Itemized List of Pack Contents and Weight of each item:

Item	Weight #

Item	Weight #

(Use back side of sheet if needed for additional items)

Impartial Observer(s) Name(s): _____

(attach completed observer sheets to this form)

TRIP #6: Total Miles: _____ (actual miles plus elevation gain/1000) Date: ____/____/_____

Name of Trail: _____ Town: _____

State: _____

Actual Miles: _____ Elevation Gain: _____ ft. Topo Map: _____

Siberian's Weight: _____ # Pack Weight: START _____ # (25%) END _____ # (10%)

Itemized List of Pack Contents and Weight of each item:

Item	Weight #

Item	Weight #

(Use back side of sheet if needed for additional items)

Impartial Observer(s) Name(s): _____

(attach completed observer sheets to this form)

Owner's Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

e-mail: _____

NOTE: THIS APPLICATION WILL BE RETURNED UNLESS ALL INFORMATION IS COMPLETE AND ALL NECESSARY ATTACHMENTS ACCOMPANY APPLICATION.

I hereby certify:

That the information given on this form is true and correct to the best of my knowledge, that the attached forms, photographs, etc., are of the dog for which a degree is being applied, and that I am the actual and legal owner or co-owner of the dog.

Signature of Owner or Co-owner: _____ Date: _____

FOR COMMITTEE USE ONLY:

Date Received: _____ Received and approved by: _____

Date Certificate issued: _____



Siberian Husky Club of America, Inc.

Working Pack Dog Program

Impartial Observer/Witness Form

Date: _____

Trail: _____

Location: _____

Dog's Name: _____

This is to certify that I witnessed the above-named Siberian Husky backpacking on this date on the above-named trail.

Signature: _____ Date: _____

Name (print): _____

Address: _____

Phone: _____ E-mail: _____



Siberian Husky Club of America, Inc.

Working Pack Dog Program

Impartial Observer/Witness Form

Date: _____

Trail: _____

Location: _____

Dog's Name: _____

This is to certify that I witnessed the above-named Siberian Husky backpacking on this date on the above-named trail.

Signature: _____ Date: _____

Name (print): _____

Address: _____

Phone: _____ E-mail: _____