

# SERVICE PUPPY SCORESHEET

ARMBAND # \_\_\_\_\_

SHOW \_\_\_\_\_  
 DATE \_\_\_\_\_  
 JUDGE \_\_\_\_\_

BREED \_\_\_\_\_  
 PUPPY AGE \_\_\_\_\_  
 PUPPY NUMBER \_\_\_\_\_

EXERCISE	MAXIMUM POINTS	COMMENTS	SCORE
<b>HEELING</b>	<b>30</b>	<input type="checkbox"/> Lethargic.....Spiritless <input type="checkbox"/> <input type="checkbox"/> Lunging..... <input type="checkbox"/> <input type="checkbox"/> Lagging..... <input type="checkbox"/> <input type="checkbox"/> Sniffing..... <input type="checkbox"/> <input type="checkbox"/> Unmanageable..... <input type="checkbox"/>	
<b>SLIPPERY FLOORS</b>	<b>15</b>	<input type="checkbox"/> Shy..... <input type="checkbox"/> <input type="checkbox"/> Frightened..... <input type="checkbox"/> <input type="checkbox"/> Hesitant..... <input type="checkbox"/> <input type="checkbox"/> Unmanageable..... <input type="checkbox"/>	
<b>STAIRS</b>	<b>15</b>	<input type="checkbox"/> Lunging..... <input type="checkbox"/> <input type="checkbox"/> Lagging..... <input type="checkbox"/> <input type="checkbox"/> Hesitant..... <input type="checkbox"/> <input type="checkbox"/> Unmanageable..... <input type="checkbox"/>	
<b>SUDDEN, LOUD NOISES</b>	<b>15</b>	<input type="checkbox"/> Shy..... <input type="checkbox"/> <input type="checkbox"/> Frightened..... <input type="checkbox"/> <input type="checkbox"/> Hesitant..... <input type="checkbox"/> <input type="checkbox"/> Unmanageable..... <input type="checkbox"/>	
<b>DOORS</b>	<b>15</b>	<input type="checkbox"/> Shy..... <input type="checkbox"/> <input type="checkbox"/> Frightened..... <input type="checkbox"/> <input type="checkbox"/> Hesitant..... <input type="checkbox"/> <input type="checkbox"/> Unmanageable..... <input type="checkbox"/>	
<b>OBEDIENCE</b>	<b>25</b>	<input type="checkbox"/> Sit..... <input type="checkbox"/> <input type="checkbox"/> Down..... <input type="checkbox"/> <p style="text-align: center;"><b>Advanced Puppies Only</b></p> <input type="checkbox"/> Sit Stay – 1 minute..... <input type="checkbox"/> <input type="checkbox"/> Down Stay – 3 minutes..... <input type="checkbox"/> <input type="checkbox"/> Come..... <input type="checkbox"/>	
<b>GROOMING</b>	<b>45</b>	<input type="checkbox"/> Ears – 5 points ..... <input type="checkbox"/> <input type="checkbox"/> Eyes – 5 points ..... <input type="checkbox"/> <input type="checkbox"/> Toenails – 5 points ..... <input type="checkbox"/> <input type="checkbox"/> Coat (clean) 15 points ..... <input type="checkbox"/> <input type="checkbox"/> No fleas, ticks, etc. – 15 ..... <input type="checkbox"/>	
<b>TEMPERAMENT</b>	<b>40</b>	<input type="checkbox"/> Aggressive..... <input type="checkbox"/> <input type="checkbox"/> Shy..... <input type="checkbox"/> <input type="checkbox"/> Hesitant..... <input type="checkbox"/> <input type="checkbox"/> Nervous..... <input type="checkbox"/> <input type="checkbox"/> Suspicious..... <input type="checkbox"/>	
<b>TOTAL SCORE</b>	<b>200</b>		

