



Agility Association of Canada

Request for Official Re-Measurement

(To be submitted to your Regional Director, who will arrange for re-measurement)

Please Print

Owner: _____

Address: _____

City/Town: _____ Province/State: _____

Postal Code/ZIP: _____ Telephone: _____

E-Mail Address: _____

Dog's Name as it appears on AAC ID Card: _____

Dog's AAC ID Number: _____ Dog's Date of Birth: (Day/Month/Year): _____

Measurements on original AAC ID Card: 1) _____ 2) _____ 3) _____

Reason for re-measurement:

RE-MEASUREMENT

Judge's Signature: _____ Measurement 1 _____ Date: DD / MM / YY

Judge's Signature: _____ Measurement 2 _____ Date: DD / MM / YY

Judge's Signature: _____ Measurement 3 _____ Date: DD / MM / YY

Final Jump Height (Regular): _____

Handler's Signature: _____ Date: _____

(Return to your Regional Director, who will forward to the Trial Results Coordinator.)

Regional Director: _____ Date: _____