



Any unresolved problems encountered?

Any other matter that should be brought to the attention of the Management Committee:

- 3. **Are the arenas of suitable size?** Yes No
 - 4. **Are the arenas in suitable condition?** Yes No
- If NO, state why:**

- 5. **Are the stock in good condition?** Yes No
- 6. **Is water and shade supplied?** Yes No
- 7. **Are the number of stock available as per the regulations?** Yes No
- 8. **Is there a vet available or on call?** Yes No
- 9. **Did the affiliate have a current copy of the VCA Regulations on hand?** Yes No
- 10. **Did the affiliate have a current copy of the ANKC Regulations on hand?** Yes No
- 11. **Time event was scheduled to commence:** _____ am /pm
- 12. **Time judging actually started:** _____ am /pm
- 13. **Did the event start late?** Yes No

If YES, state name of judge/s and/or reason/s:

- 14. **Were there any delays in the general running of the trial?** Yes No
- If YES, state name of judge/s and/or reason/s:**



15. Was the attire, deportment, presentation and fitness of all judges acceptable? Yes No

If NO, state name of judge and nature of deficiency

NOTE that it is NOT your role to assess the quality of judging

16. Was there a first aid box for both humans and stock available at the event? Yes No

17. Did any dog show undue aggression towards stock? Yes No

If YES, please attach judge's report/s and details of incident

Catalogue Requirements

18. Does the catalogue list the following?

- | | |
|----------------------------|--|
| Date of event | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Judges in order of judging | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| VCA Representative | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trial secretary | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name/Number of vet on call | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Precincts of the event | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Check in and start times | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exhibits in running order | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List of awards | <input type="checkbox"/> Yes <input type="checkbox"/> No |

19. Were there any rule violations by the affiliate or judge/steward/exhibitor? Yes No

If YES, state details below

VCA REPRESENTATIVE (Full Name): _____

Email: _____

Phone: _____

At what time did you report to the Trial Secretary? _____

Dogs Victoria Member Number: _____

Sign (Insert electronic signature): _____