

SDDA Designated Odour Tests: Wintergreen/Pine/Thyme

Designated Odour Tests (DOT) Wintergreen/Pine/Thyme:

The Designated Odour Test is a Pass/Fail container search, designed to test the dog's ability to location the target scent when its location is unknown to the handler and the handler's ability to correctly call an alert. Successful dog/handler teams will receive certificate and ribbon provided by the SDDA.

The guidelines for a DOT will be adhered to for the purpose of this event, as outlined by the SDDA. This information can be found on page 3 of the Master Rule Book: http://www.sportingdetectiondogs.ca/pg_trialinfo.htm

Participants may select any one, two or all three of the following tests to complete:

Wintergreen (Gaultharia procumbens)

Pine (Pinus sylvestris)

Red Thyme (Thymus vulgaris)

*Handlers will be permitted to participate with a maximum of 2 dogs per handler per date. Complete 1 form per dog.

Date: August 18th 2016 Time: 6:30PM to 8:30PM

Where: Klassic Kennels, Red Deer County: http://www.klassickennels.com/kkmap.html

Cost: \$15.00 for any single odour test or \$35.00 for all 3 odours

*Little Nose Students: Receive a \$5.00 discount

Registration Deadline: 2 days prior to the DOT date

- * Payment must be received in advance to be registered for your selected date
- **Participants who have paid but become unable to attend on their selected date will be eligible for a 50% reimbursement of their fees. If cancellation occurs by host participants may reallocate fees towards a different date or be fully reimbursed.

Contact: Kristina Sveinson at 403-307-8009 or email kristinasveinson@shaw.ca

Important Additional Information

- Indoor Benching will NOT be provided, come prepared to bench your dog in your vehicle.
- There is no poop fairy. Please be considerate to the community and pick up after your dog.
- Quiet spectators will be permitted to observe tests.
- Hide locations will be changed for each dog/handler.
- Use your doggy etiquette, remembering that this sport does accommodate all dogs so do not let your dog approach another without the handler's consent.

Registration Form

Please print clearly (fill out one form for each dog) Name: Address: Cell Phone: Home Phone: **Email Address:** Dog's Name: Breed: Dog's Age: Sex: F M Please note there are limited spaces available for each date. I am registering for: □ Designated Odour Test (DOT) □ Designated Odour Test (DOT) Single Odour - \$15.00 Wintergreen/Pine/Thyme - \$35.00 select odour(s): WG P Т Method of Payment: □ Cash □ E-transfer □ PayPal ☐ Cheque (payable to Kristina Sveinson) (If paying by E-transfer or PayPal, send registration by email to: kristinasveinson@shaw.ca) Email Entry Form to: kristinasveinson@shaw.ca Mail or Hand Deliver To: Kristina Sveinson 124 Duckering Close, Red Deer, AB. T4R 2Z4 Additional Info AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK I understand that attendance at a dog training workshop, function, or event is not without risk to me, to anyone accompanying me or to my dog(s). Some dogs may be difficult to control and may be the cause of injury, to persons or other dogs, even when handled with the greatest degree of care and precaution. I hereby waive Kristina Sveinson, Klassic Kennels and any volunteers from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, by without limitation, any injury or damage resulting from the act of any dog or employee. I expressly assume the risk of such damage or injury while attending any training session, or any other function of this Training Organization, or while on the training grounds or the surrounding area thereto, used. In consideration of and as inducement to the acceptance of my application I hereby agree to indemnify and hold harmless this Training Organization, its employees, members, and agents from any and all claims, or claims by any member of any family or any other person while on the grounds or surrounding area thereto as a result of any action by any dog, including my own. It is my responsibility to ensure all vaccinations are current prior to attendance. Signature: _____ Date:

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