USPCA TRACKING DOG AND TRACKING EXCEPTIONAL

MASTER SCORE SHEET

2025 USPCA©

REGION _____ DATE __/__/____ CHIEF JUDGE _____

Number of Participants _____ Number Certifying _____ Location_____

#	Handler	Dog	Department	Indicate TDX for Tracking Exceptional	Total

#	Handler	Dog	Department	Indicate TDX for Tracking Exceptional	Total

Copy this page as needed.

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