



PUBLIC RELATIONS VERIFICATION FORM

**THIS PORTION TO BE COMPLETED BY
COLLIE'S OWNER:**

Collie's Call Name: _____ Collie's Age: _____

Collie's Registered Name (if any): _____

Check those that apply: Male ___ Female ___ Rough ___ Smooth ___
Sable ___ Tri ___ Blue Merle ___ Sable Merle ___ White ___

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Email: _____

THIS PORTION TO BE COMPLETED BY THE OFFICIAL WITNESS:

I verify, indicated by my signature below, that I have observed the above named Collie working on this date, _____, performing the following activity or activities:

Official Witness Title: _____

Official Witness Printed Name: _____

Official Witness Address: _____

Official Witness Phone: _____ Email: _____

Official Witness Signature: _____