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| **Nachweis Hundehaltungserfahrung (WeGl-Ausbildung ab 2016)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Angaben zur Hunde-Halterin / zum Hunde-Halter** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | Vorname | | | | | | | |  | | | | | | | | |
| Strasse |  | | | | | | | | PLZ / Ort | | | | | | | |  | | | | | | | | |
| Geburtsdatum | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Kynologische Ausbildung | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Angaben Hundehaltungserfahrung** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ich habe       Jahre Hundehaltungs / Hundebetreuungs Erfahrung.  Davon       Jahre mit eigenen Hunden und      Jahre mit nicht im Eigentum stehenden / gestandenen Hunden (Familienhunde, betreute Hunde etc.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Angaben zum aktuell gehaltenen Hund** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | Rasse | | | |  | | | | | | | | | |
| Geburtsdatum | | | | |  | | | Geschlecht | | | | | | | M  W | | | | | | | | Kastriert | | |
| Chip-Nummer | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Herkunft | |  | ( Eigene)  Zuchtstätte | | | | | | |  | | | Tierheim | | | | | |  | | Anderes: | | | | |
| Zeitpunkt (Datum) der Übernahme des Hundes: | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Momentan leben mehrere Hunde in meinem Haushalt | | | | | | | | | | | | | | | | | | | |  | | Ja | | Anzahl: | |
| **Angaben zum Besuch von Welpengruppen mit Hund** **(Name)** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name der Hundeschule | | | | | | | Name des Hundetrainers | | | | | | | | | | | Datum des Besuchs (Monat / Jahr) | | | | | | | Anzahl Besuche |
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| **Bemerkungen:** | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Datum, Ort | | | | | | | | | | | Unterschrift | | | | | | | | | | | | | | |
| Mit dem Einreichen des Formulars „Nachweis Hundehaltungserfahrung“ bestätige  ich die Richtigkeit der gemachten Angaben. | | | | | | | | | | | | | | | | | | | | | | | | | |