

## Sunshine Teams Temperment Test

	Good	Needs Work	Failed
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Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lean Over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle Head, Body, Tail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handle Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet Belly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit Stay - 3 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down Stay - 3 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting - 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recall - 20 Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tester			
Date			

	Good	Needs Work	Failed
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Coat & Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breath & Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feet & Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walker, Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm, Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats & Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enclosed Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cat Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog Meet & Greet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumping, Pawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barking, Whining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm, Demeanor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Treat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Group of Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tester			
Date			