Canine Team Certification Test

Handler	Dog Name	Breed	Evaluator	Date

Department Name & Address

Place of Test

Passive Response Dog ☐

Aggressive Response Dog ☐

MARIJUANA
Amount:_____ Time: ☐
Location:_____

COCAINE
Amount:_____ Time: ☐
Location:_____

METH
Amount:_____ Time: ☐
Location:_____

HEROIN
Amount:_____ Time: ☐
Location:_____

Handler Performance:
Pass: ☐ Fail: ☐

Canine Performance:
Pass: ☐ Fail: ☐

Overall Performance:
Pass: ☐ Fail: ☐

Heat Alarm
Pass: ☐ Fail: ☐

Blanks:

Remarks:

_____
Signature of Evaluator