

Canine Team Certification Test

Handler	Dog Name	Breed	Evaluator	Date
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Department Name & Address

Place of Test

Passive Response Dog

MARIJUANA
Amount: _____ Time: <input type="checkbox"/>
Location: _____

METH
Amount: _____ Time: <input type="checkbox"/>
Location: _____

Aggressive Response Dog

COCAINE
Amount: _____ Time: <input type="checkbox"/>
Location: _____

HEROIN
Amount: _____ Time: <input type="checkbox"/>
Location: _____

Handler Performance:

Pass: Fail:

Canine Performance:

Pass: Fail:

Overall Performance:

Pass: Fail:

Blanks:

Remarks:

Signature of Evaluator