

# CENTRAL AID AGENCY

## K9 Registration Form

K9 Name		K9 Gender	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age	Breed		
Is K9 Spayed / Neutered?		Is K9 Micro Chipped?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pertinent Medical History (Medical Conditions, Vaccinations, etc.)			
Current Training / Certifications (Include date of completion and number, if applicable) Also list if K9 is still in training and what training is currently being attended			
K9 is Trained / In Training For			
<input type="checkbox"/> <b>Crises Response</b> (K9 is trained to provide crisis support to responders and survivors)			
<input type="checkbox"/> <b>Tracking</b> (K9 is trained to locate and follow human scent)			
<input type="checkbox"/> <b>Trailing</b> (K9 is trained to locate and follow specific people based on their scent)			
<input type="checkbox"/> <b>Cadaver</b> (K9 is trained to locate human remains)			
<input type="checkbox"/> <b>Detection</b> (K9 is trained to locate explosives and/or contraband, primarily used for security assignments)			

<b>K9 HANDLER INFORMATION</b>	
NAME	NUMBER
REASON FOR REGISTERING	DATE
UNIT / ASSIGNMENT	
NOTES / COMMENTS ABOUT K9 OR REGISTRATION	

<b>BELOW FOR AUTHORIZING OFFICER ONLY</b>	
K9 PASS INSPECTION?	COMMENTS / ASSIGNMENT INFO
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Remediate	
K9 REGISTRATION APPROVED	DATE
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hold	
SIGNATURE	ID NUMBER