



CANINE UNIT ENROLLMENT LIST

Sponsoring Agency: _____

Evaluation Number: _____

Evaluation Date: _____

PRINT LEGIBLY

Names of Handler (Last, First, Middle) & Canine

Agency Name

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____

Signature of Evaluator Date

Signature of Evaluator Date

Signature of Evaluator Date