



## 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) \_\_\_\_\_
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- 14) \_\_\_\_\_
- 15) \_\_\_\_\_

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Signature of Evaluator

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Date

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Signature of Evaluator

\_\_\_\_\_  
Date

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Signature of Evaluator

\_\_\_\_\_  
Date