

Handler Protection Score Sheet

DATE: _____

LOCATION: _____

HANDLER'S NAME: _____ K-9'S NAME: _____

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

OBEDIENCE:
(MUST BE PASSED TO CONTINUE)

	PASS	FAIL
HEELING	_____	_____
URNS	_____	_____
DROP OFF	_____	_____
STAY AT DISTANCE	_____	_____

EXERCISE: _____

Certifying Official: _____ CO number: _____

HANDLER PROTECTION

	PASS	FAIL
APPREHENSION	_____	_____
RELEASE (***)	_____	_____
GUARD	_____	_____
HANDLER PROTECTION	_____	_____

EXERCISE: _____

Certifying Official: _____ CO number: _____

(***)=release must be passed to pass exercise

CERTIFICATION: PASS _____ FAIL _____

REMARKS: _____