

Wildlife Score Sheet

DATE: _____ LOCATION: _____

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

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

VEHICLE SEARCH

	SUBSTANCE	Amount	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____	_____
HIDE #2	_____	_____	_____	_____

Time of Search not to exceed 8 minutes.

Certifying Official: _____ CO number: _____

INDOOR SEARCH

	SUBSTANCE	Amount	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____	_____
HIDE #2:	_____	_____	_____	_____

Time of Search not to exceed 10 minutes.

Certifying Official: _____ CO number: _____

CERTIFICATION: PASSED _____ FAILED _____ (CERTIFYING OFFICIALS INITIALS)

ADDITIONAL SUBSTANCES

	SUBSTANCE	Amount	LOCATED	NOT LOCATED
ADD. #1	_____	_____	_____	_____
ADD. #2	_____	_____	_____	_____
ADD. #3	_____	_____	_____	_____
ADD. #4	_____	_____	_____	_____
ADD. #5	_____	_____	_____	_____
ADD. #6	_____	_____	_____	_____

Time of Search not to exceed 05 minutes.

Time of Search not to exceed 05 minutes.

Time of Search not to exceed 05 minutes.

Time of Search not to exceed 05 minutes.

Time of Search not to exceed 05 minutes.

Time of Search not to exceed 05 minutes.

Certifying Official: _____ CO number: _____

REMARKS: