



JUDGES AND SCOREKEEPERS LIST

Date ____/____/____ Location _____ Region _____

POLICE THERAPY/COMFORT K9 CERTIFICATION

*** Only ONE judge is required for this pass/fail test. But the USPCA encourages other judges to be involved as a novice or non-scoring judge. The Chief Judges score is what counts.

| | |
|---|--|
| CHIEF SCOREKEEPERS NAME AND EMAIL ADDRESS | |
| C/S | |
| | |
| | |

The United States Police Canine Association, Inc.

Police Service Therapy/Comfort K-9

Master Scoresheet

Region: _____

Chief Judge: _____

Location: _____

Date: _____

Number: _____

Number Certifying: _____

Participant #1 Name: _____ K9: _____ Department: _____

Scores: Circle Pass or Fail

Must Pass all to Certify

| Appearance & Grooming | Department Policy | Microchip Leash Check | Stranger Acceptance | Walking Control | Relaxed State | Recall | Reaction to Noises | Contact with Dogs | Handler Knowledge |
|-----------------------|-------------------|-----------------------|---------------------|-----------------|---------------|--------|--------------------|-------------------|-------------------|
| P | F | P | F | P | F | P | F | P | F |



Pass or Fail in box above

Participant #2 Name: _____ K9: _____ Department: _____

Scores: Circle Pass or Fail

Must Pass all to Certify

| Appearance & Grooming | Department Policy | Microchip Leash Check | Stranger Acceptance | Walking Control | Relaxed State | Recall | Reaction to Noises | Contact with Dogs | Handler Knowledge |
|-----------------------|-------------------|-----------------------|---------------------|-----------------|---------------|--------|--------------------|-------------------|-------------------|
| P | F | P | F | P | F | P | F | P | F |



Pass or Fail in box above

Please complete this form and upload to the web page with a list of any additional judges, found on web site.
Certificate should read "Police Service Therapy/Comfort K9" using our standard certificates.

*Any K9 showing aggression will fail. Mark Fail in the Box

Participant #__ Name: _____ K9: _____ Department: _____

Scores: Circle Pass or Fail

Must Pass all to Certify

| Appearance & Grooming | Department Policy | Microchip Leash Check | Stranger Acceptance | Walking Control | Relaxed State | Recall | Reaction to Noises | Contact with Dogs | Handler Knowledge |
|-----------------------|-------------------|-----------------------|---------------------|-----------------|---------------|--------|--------------------|-------------------|-------------------|
| P F | P F | P F | P F | P F | P F | P F | P F | P F | P F |

Pass or Fail in box above

Participant #__ Name: _____ K9: _____ Department: _____

Scores: Circle Pass or Fail

Must Pass all to Certify

| Appearance & Grooming | Department Policy | Microchip Leash Check | Stranger Acceptance | Walking Control | Relaxed State | Recall | Reaction to Noises | Contact with Dogs | Handler Knowledge |
|-----------------------|-------------------|-----------------------|---------------------|-----------------|---------------|--------|--------------------|-------------------|-------------------|
| P F | P F | P F | P F | P F | P F | P F | P F | P F | P F |

Pass or Fail in box above

Participant #__ Name: _____ K9: _____ Department: _____

Scores: Circle Pass or Fail

Must Pass all to Certify

| Appearance & Grooming | Department Policy | Microchip Leash Check | Stranger Acceptance | Walking Control | Relaxed State | Recall | Reaction to Noises | Contact with Dogs | Handler Knowledge |
|-----------------------|-------------------|-----------------------|---------------------|-----------------|---------------|--------|--------------------|-------------------|-------------------|
| P F | P F | P F | P F | P F | P F | P F | P F | P F | P F |

Pass or Fail in box above

**Use this sheet and copy for additional dogs. Number as needed.

TEAM #

USPCA POLICE SERVICE THERAPY/COMFORT K-9

JUDGE #

Appearance and Grooming: Place check marks to confirm

Dog appears healthy

Touch/Brush

5 second Paw Check

Cover eyes for 5 seconds

Pass – P Fail – F ➡

Department Policy Review:

Policy Provided

Ensure that the handler is officially recognized by their department as a therapy dog and that there are rules outlining its use.

Pass – P Fail – F ➡

Microchip & Collar/Leash Inspection:

Equipment Check

Proof of Microchip

Proof of Rabies Vaccination

Pass – P Fail – F ➡

Acceptance of all Strangers:

*Any dog failing this portion shall not be allowed to continue testing.

Greeting test
Stationary group test

Pass – P Fail – F ➡

Loose Lead/Leash – Walking Control:

5 left turns
5 right turns
5 about turns

Pass – P Fail – F ➡

Relaxed State During Contact:

Acceptance of Friendly petting from the group
(no less than 5 in the group)

Pass – P Fail – F ➡

Verbal Recall: 5 indoor & 5 outdoor
Indoor: (ck off) Outdoor (ck off)

Pass – 10 recalls - P Fail – F ➡

Reaction to Loud Noise/Startling Sounds:

Noise
Noise

Pass – P Fail – F ➡

Contact with Other Dogs:

Handler Basic Knowledge:
Passing is answering at least 7 questions correctly.

Pass – P Fail – F ➡

Pass – P Fail – F ➡

*Any dog relieving itself in the testing area is an automatic fail. Any dog showing any aggression is an automatic fail.

Mark PASS or FAIL

Notes:

Pass: Passed all 10 phases
Fail: Failed one or more phase