

The United States Police Canine Association, Inc.

Police Service Therapy 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	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	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 K9" using our standard certificates.

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.