The United States Police Canine Association, Inc. Police Service Therapy K-9 Master Scoresheet																					
Regio	Region:    Chief Judge:																				
Locati		Date:						Nur	nber: Nu				Nur	mber Certifying:							
Participant #1 Name:       K9:       Department:         Scores: Circle Pass or Fail       Must Pass all to Certify																					
AppearanceDepartmentMicrochipStranger&PolicyLeashAcceptanceGroomingCheckCheck								Walking Relaxed Control State			Recall		Reaction to Noises		Contact with Dogs		Handler Knowledge				
P F		Р	F	P F		Ρ	F	Ρ	F	Ρ	F	Ρ	F	ΡF		Ρ	F		ΡI	F	
Pass or Fail in box above Participant #2 Name: K9: K9:																					
Scores: Circle Pass or Fail Must Pass all to Certify																					
AppearanceDepartmentMicrochipStranger&PolicyLeashAcceptanceGroomingCheckCheck								Walking Relaxed Control State			Rec	all	Reaction to Noises		Contact with Dogs		Handler Knowledge				
Р	F	Р	F	P F	:	Р	F	Ρ	F	Ρ	F	Ρ	F	ΡF		Р	F		ΡI	F	
Ple	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.																				

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

Partici	Participant # Name: K9: K9: Department													ent:						
Scores	Scores: Circle Pass or Fail Must Pass all to Certify															Certify				
Appeara & Groomi		Depart Policy	ment	Microchip Leash Check		Stranger Acceptance		Walking Control		Relaxed State		Recall		Reaction to Noises		Contact with Dogs		Handler Knowledge		
Р	F	Р	F	Р	F	Р	F	Ρ	F	Ρ	F	Ρ	F	Ρ	F	ΡF			P F	
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Partici	pan	L #	Ndi	ne		· · · · · ·							_ r	.9.		U	epai	un	ent	
Scores	Scores: Circle Pass or Fail Must Pass all to Certify																			
Appearance Depart & Policy Grooming		ment	Micro Leash Check	· ·	Stranger Acceptance		Walking Control		Relaxed State		Recall		Reaction to Noises		Contact with Dogs		Handler Knowledge			
Р	F	Ρ	F	Ρ	F	Р	F	Ρ	F	Ρ	F	Ρ	F	Ρ	F	Р	F		P F	
																				Pass or Fail in box above
Partici	pant	t #	Nam	ne:									K	9:_		_ De	epart	me	ent:	
Scores	Scores: Circle Pass or Fail Must Pass all to Certify																			
			Department Policy		Microchip Leash Check		Stranger Acceptance		Walking Control		Relaxed State		Recall		eaction bises	Contact with Dogs		Handler Knowledge		
Р	F	Р	F	Р	F	Р	F	Ρ	F	Ρ	F	Ρ	F	Ρ	F	Р	F		ΡF	
**Use this	sheet a	and copy f	or addit	ional dog	js. Nu	mber as r	needed.													Pass or Fail in box above