

HANDLER TRAINING REGISTRATION



Department/Agency Name:

Department/Agency Address:

Department/Agency Phone:

Dept. Email:

Handler Name:

Handler Phone:

Handler Email:

Is your Department/Agency purchasing a new Canine from USK9? Yes No

If Yes, what is your new Canine's name?

If No, please provide below information:

Canine Name:

Breed:

Age:

Canine Microchip #

Canine was originally purchased where/when?

Date and discipline of most recent Certification for Canine:

Certifying Agency or Official from most recent Certification:

