



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
www.mpoetc.state.pa.us

CANINE UNIT EVALUATION FORM

This form is to be used by certified canine trainers approved by MPOETC

CANINE HANDLER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	
POLICE DEPARTEMENT NAME		OFFICER CERT NUMBER	
POLICE DEPARTMENT ADDRESS	CITY/BORO	STATE	ZIP CODE
EMAIL	TELEPHONE		

CANINE INFORMATION

NAME	BREED	DOB
DISCIPLINE(S)		

EVALUATION INFORMATON

EVLAUATOR LAST NAME	EVALUATOR FIRST NAME	MIDDLE INITIAL	
CANINE TRAINING ORGANIZATION			
ADDRESS	CITY/BORO	STATE	ZIP CODE
EMAIL	TELEPHONE		

INITIAL EVALUATION	ANNUAL EVALUATION	DATE OF EVALUATION
PASS	FAIL	*CANINE MUST BE RE-EVALUATED AND APPROVED WITHIN 60 DAYS OF FAILURE*
RE-EVALUATION:	PASS	FAIL
RE-EVALUATION:	PASS	FAIL
		DATE OF EVALUATION
		DATE OF EVALUATION

COMMENTS:

I AFFIRM THAT I EVALUATED THE CANINE NAMED ON THIS FORM IN ACCORDANCE WITH THE TRAINING AND CERTIFICATION STANDARDS PROMULGATED BY THE MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION. I ALSO AFFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

EVALUATOR'S NAME

SIGNATURE

DATE