

*Massachusetts Search Dog Standard
Canine Pre –Test Verification*

Handler Name: _____ Unit: _____

Canine Name: _____ Date: _____

Requirement

Date Completed/Comments

Current FUNSAR/equivalent _____

Basic Canine First Aid _____

Land Navigation test & POD/as offered by _____

the Massachusetts State Police or an equivalent

Basic First Aid (CPR and/or First Responder certification _____

is encouraged but not required)

Physical Fitness Test successfully completed _____

Information for background check submitted to MSP _____

Training Records accurate and up to date _____

Canine has demonstrated to certified SAR unit members _____

the ability to ride quietly in transportation vehicle

Aggression Test (Section V. B) successfully completed _____

Obedience Test (Section V. B) successfully completed _____

Additional:

Training Officer:

I, _____, as the Training Officer for _____, have reviewed the records of _____ and found them to be complete and accurate as represented here.

Signature of Training Officer: _____

Pretest Checklist complete

Signature of MASSARD Fed secretary: _____ Date: _____

Candidate presented to MASSARD Fed Board on _____

Date of Trail Test: _____ Evaluator: _____

Date of 40 acre day: _____ Evaluator: _____

Date of 40 acre night: _____ Evaluator: _____

Date of 160 acre test: _____ Evaluator: _____