



IDAHO K-9 UNIT SURVEY

I. HANDLER INFORMATION

Name in Full: (Last, First, Middle)	Email Address:	How long in law enforcement?
	Agency Name:	
How long as a K-9 Handler?		
Current Address: (address/city/state/zip)	Work Phone:	Other Phone:

II. K-9 INFORMATION

K-9 Name:	K-9 Specialties: (Please list all areas of expertise)
Date and type of last certification:	Approximate number of POST K-9 training hours:

III. TRAINING INFORMATION

Approximately how many hours a week do you training with your police K-9? _____

Do you train with your K-9 on a regular basis? If not, please state why? _____

IV. GENERAL INFORMATION

Do you belong to any K-9 associations, clubs, etc? If so, which ones? _____

Please list any suggestions you have for improving the K-9 Program (certification, training, paperwork, etc):
