



CANINE TEAM RECORDS UPDATE

Today's date: _____
Handler's name: _____ Canine's name: _____
Canine's age: _____ Breed: _____ Reward type: _____
Your title: _____ Name of employer: _____
Main address: _____ Is this a home or work address? _____
City, state, zip: _____
Phone #: _____ Alternate #: _____
Email: _____ Alternate Email: _____

Are you maintaining training and work records for you and your canine? _____
If not, please explain: _____

Date of last physical for canine: _____

Do you want your contact information and picture posted on CADA'S website? _____
If yes, please enter the information you want shown below.