

# Initial Evaluation Form

## Wyoming Toad Detection Canine Project

### Instructions

1. Please complete the Initial Evaluation Form using the criteria detailed below.
2. The answers are a Yes/No and if the canine does not quite meet the criteria please use the “No” column.
3. Just because a canine does, or does not, complete or possess, any of the tasks listed on the form does not preclude it from the project.

HANDLER	
<b>Handler's Name</b>	
<b>Cell Phone</b>	
<b>Email</b>	
CANINE	
<b>Canine's Name</b>	
<b>Breed</b>	
<b>Age</b>	
<b>Chip Number</b>	
<b>Sex</b>	Male / Female
<b>Spayed/Neutered</b>	Yes / No

OBEDIENCE			
	Yes	No	Comments
Clicker Trained			
AKC Good Citizen			
On-Leash			
Heel			
Sit			
Down			
Stay			
Come			
Off-Leash			
Heel			
Sit			
Down			
Stay			
Come			

SCENT WORK			
Conservation			Species
Scent Club			Odors taught
REWARDS			
Ball			
Kong			
Other Toy			Specify
Treats			Specify
BEHAVIORAL			
	Yes	No	Comments
Accepts a Muzzle			
Dog Aggressive			
Possessive			
Resource Guards			
Lead Biter			
Fear Aggressive			
Protective			
Travel Sick			
Barker			
COMMENTS			
<b>Signature</b>			<b>Date</b>