



Vermont Criminal Justice Council (VCJC) Canine In-Service

Canine In-Service Date: _____ Location: _____

Training Type (*circle one*): Patrol Tracking/Trailing Detection

Training for Detection—which odor(s) were used: _____

Vermont Criminal Justice Instructor Name: _____

Number of Hours Instructed: _____

Vermont Criminal Justice Instructor Name: _____

Number of Hours Instructed: _____

Instructors must attach a copy of the lesson plan for the day

Student Information

	Last, First, MI	Agency	Canine Name	Last 4 SS	Start Time	End Time	Total Hours
1							
2							
3							
4							
5							
6							
7							
8							

Comments

