

Annexure B - Preselection evaluation

Name of dog -----

Age -----

Gender -----

1. **Phase one at kennel of service provider.** Date: -----

Confidence -----

Ability to walk on leash -----

Ball/play drive -----

Focus -----

Retrieve and return to handler -----

Scent box/pipe -----

C/NC

2. **Phase two evaluation in operational area.** Date -----

Ability to walk on leash in ops area -----

Confidence -----

Fear of environment -----

Fear of moving machinery -----

Fear of noise -----

Ability to climb stairs -----

Fear of Escalators -----

Slippery floors -----

C/NC

3. **Medical evaluation.** Date: -----

X-Rays -----

General health of the dog -----

Copy of medical history -----

C/NC

Trainer sign ----- Date: -----