

**CANINE PHYSICAL EVALUATION
CHICAGO POLICE DEPARTMENT/CANINE UNIT**

This form is to be used by Canine Unit Supervisors, Trainers, Handlers, and the Department Veterinarian to evaluate and document the physical capabilities of department owned canines to perform their assigned duties. The Commander of Special Operations & the Canine Coordinator will consult this evaluation when considering a change in the status of a department owned canine. Answer the following questions based on your observations, experience, testing, or examination of the named canine. In the Remarks section, give date, time, and location of your observations to support your answers. Use the reverse side of this report if necessary. Attach any supporting documents and forward the packet to the Canine Training Center.

PERSON MAKING REPORT: _____ **POSITION:** _____ **DATE:** _____

CANINE'S NAME: _____ **DOB:** _____ **AGE:** _____ **SEX & BREED:** _____

1. In your opinion is the above named canine physically capable of defending it's handler against an attack?
REMARKS: _____ YES NO

2. In your opinion is the above named canine physically capable of raising up on it's hind legs for a high search?
REMARKS: _____ YES NO

3. In your opinion is the above named canine physically capable of climbing more than two flights of stairs?
REMARKS: _____ YES NO

4. In your opinion is the above named canine physically capable of negotiating through confined areas?
REMARKS: _____ YES NO

5. In your opinion is the above named canine physically capable of walking across uneven surfaces without injury?
REMARKS: _____ YES NO

6. In your opinion is the above named canine physically capable of jumping into a canine vehicle without assistance?
REMARKS: _____ YES NO

7. **DVM ONLY:** In your opinion is the above named canine's condition controllable with medication or therapy?
REMARKS: _____ YES NO

8. **DVM ONLY:** If the condition is controllable with medication, will it affect the canine's ability to search?
REMARKS: _____ YES NO

9. **DVM ONLY:** In your opinion will the above named canine's condition improve with time?
REMARKS: _____ YES NO

10. In your opinion should the above named canine be retired from active service?
REMARKS: _____ YES NO

11. In your opinion should the above named canine be euthanized?
REMARKS: _____ YES NO

Commander - Special Operations Section

Canine Coordinator

Signature of person making report