



OSRT, Inc K-9 Application

Owners Name _____

K-9 Registered Name _____ Registered Breed _____

(Circle one)

Male Female

Color _____

(Circle one)

Short Hair Long Hair

(Circle one)

Type I — Trained to discriminate human scent

Type II — not trained to discriminate human scent

Kind

(Circle all that apply)

A - Area Search

B - Avalanche Search

C - Cadaver Search

D - Disaster/Collapsed structure Search

E - Evidence Search

F - Trailing Search

G - Tracking Search

H - Water Search

An updated Medical Form along with County Registration must be filed annually with the OSRT Inc K-9 Manager, as required by Ohio Revised Code, Title 9, Chapter 955.

“I certify that the above information is true and correct to the best of my knowledge.”

Signature _____