



Rocky Mountain Rescue Dogs, Inc. Stats/Training Log Cover Sheet

Handler:

Dog:

Time Period Covered From: To:

Team did () or did not () maintain average of weekly scent training for period covered

Number and dates of **Area/Air Scent** Training:

Number: Dates:

Number and dates of **Tracking** Training:

Number: Dates:

Number and dates of **HRD – Land** Training:

Number: Dates:

Number and dates of **HRD - Water** Training:

Number: Dates:

Number and dates of **Avalanche** Training:

Number: Dates:

Number and dates of **Other (specify)** Training:

Number: Dates:

Form Type

Test Form () Medical () Fitness () First Aid () CPR () CAP () Winter Camp () Avalanche ()

Demos:

Date	Location	Group	Attendees	Hours
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