

InterNational Bloodhound Training Institute Trailing Log

K9: _____ Handler: _____ Date of Log: _____ Number : _____

Date and Time track was laid _____ / _____ Organization Affiliated with _____

<p><u>Conditions</u></p> <input type="checkbox"/> Clear <input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast	<p><u>Phase of Day</u></p> <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night	<p><u>Precipitation</u></p> <input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Wet	<p><u>Wind</u></p> <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Steady <input type="checkbox"/> Gusty <input type="checkbox"/> Strong	<p><u>Trail Setting</u></p> <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Wood <input type="checkbox"/> Suburban <input type="checkbox"/> Building
<p>Estimated Temperature _____ °</p>				
<p>Wind Direction in Relation to the trail</p> <input type="checkbox"/> 12 o'clock <input type="checkbox"/> 3 o'clock <input type="checkbox"/> 6 o'clock <input type="checkbox"/> 9 o'clock <input type="checkbox"/> Swirling				

<p><u>Crossings</u></p> <input type="checkbox"/> Gravel Road <input type="checkbox"/> Paved Road <input type="checkbox"/> Intersection <input type="checkbox"/> Bridge <input type="checkbox"/> Rail Road <input type="checkbox"/> Trail <input type="checkbox"/> Creek or River <input type="checkbox"/> Fence <input type="checkbox"/> Door <input type="checkbox"/> Other _____	<p><u>Type of Trail</u></p> <input type="checkbox"/> Dog Training <input type="checkbox"/> Team Training <input type="checkbox"/> Double Blind <input type="checkbox"/> Negative <input type="checkbox"/> Line up <input type="checkbox"/> Other _____	<p><u>Age of trail</u></p> <input type="checkbox"/> Fresh to 1 hour <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> 2 to 4 hours <input type="checkbox"/> 4 to 6 hours <input type="checkbox"/> 8 to 12 hours <input type="checkbox"/> 12 to 24 hours <input type="checkbox"/> 24 to 48 hours <input type="checkbox"/> Other _____	<p><u>Distance of Trail</u></p> <input type="checkbox"/> Under 100 yards <input type="checkbox"/> 100 yards to 400 yards <input type="checkbox"/> ¼ mile to ½ mile <input type="checkbox"/> ½ mile to 1 mile <input type="checkbox"/> Over 1 mile <input type="checkbox"/> Other _____
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<p><u>Type of Scent Article</u></p> <p>Date Collected: _____ Time Collected : _____</p> <input type="checkbox"/> Hard Object <input type="checkbox"/> Soft Object <input type="checkbox"/> Bagged Item <input type="checkbox"/> General Start Area <input type="checkbox"/> Foot Print <input type="checkbox"/> Car Seat <input type="checkbox"/> Other _____ <p><input type="checkbox"/> Contaminated <input type="checkbox"/> Unknown</p>	<p><u>Subject Behavior & ID</u></p> <input type="checkbox"/> Standing in View <input type="checkbox"/> Sitting <input type="checkbox"/> Prone <input type="checkbox"/> Roaming <input type="checkbox"/> Running <input type="checkbox"/> Hidden <input type="checkbox"/> Standing <input type="checkbox"/> Elevated <p><input type="checkbox"/> Correct ID <input type="checkbox"/> Missed ID <input type="checkbox"/> No ID</p>	<p><u>Summary of Exercise or Trail</u></p> <input type="checkbox"/> K9 located subject/area with no assistance <input type="checkbox"/> K9 located subject /area with casting <input type="checkbox"/> K9 would have failed to locate the subject <p><input type="checkbox"/> Map on Back if needed</p>
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Exercise Comments: _____



Handler Signature

Trainer Signature