



Date: _____ Measured by: _____

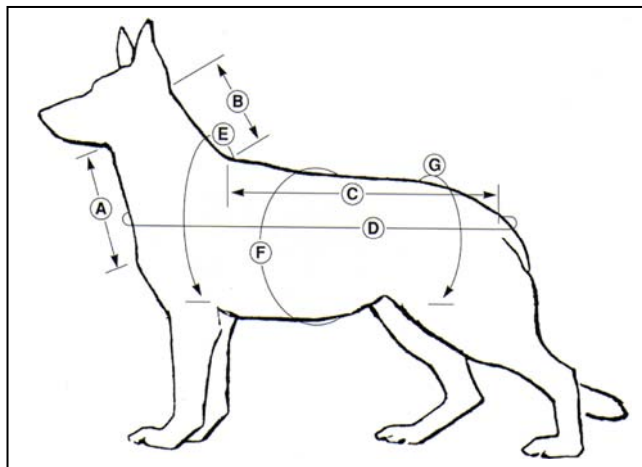
Department _____ Handler's Name _____ EIN # _____

POC _____ Telephone Number _____

Canine's Name _____ K-9 Breed _____ Weight _____

K-9 MEASUREMENTS

- A) _____ FRONT NECK--Bottom Of Jaw To Breast Bone
- B) _____ BACK NECK--Bottom Of Ear To Same Side Shoulder Blade
- C) _____ TOP LENGTH--From Shoulder Blade To Beginning Of Tail
- D) _____ FULL LENGTH--From Neck Center, Around Side, Under Tail, Along Other Side To The Beginning Point At Neck Front
- E) _____ FRONT SHOULDER--Leg Joint From One Side Of Dog To Same Point On Other Side
- F) _____ FULL GIRTH--At Dog's Middle, Measure Around Full Girth Of Dog
- G) _____ HIND QUARTER--Leg Joint From One Side Of Dog To Same Point On Other Side



Notch for Back Hips

OPTIONS

<p>Models</p> <ul style="list-style-type: none"> <input type="checkbox"/> GF-2 <input type="checkbox"/> GFW-2 <input type="checkbox"/> GF-3 <input type="checkbox"/> Titan LT2 <input type="checkbox"/> Titan LT3A <input type="checkbox"/> LT3A-F <input type="checkbox"/> Titan KH2 <input type="checkbox"/> Titan KH3 <input type="checkbox"/> KL930-2 <input type="checkbox"/> KL-3A <input type="checkbox"/> PF-2 	<p>Cordura Colors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Tan <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> OD Green <input type="checkbox"/> Digital (Army) <input type="checkbox"/> Digital Desert <input type="checkbox"/> Digital Woodland <input type="checkbox"/> Tri-Color Desert <input type="checkbox"/> Woodland <input type="checkbox"/> Other _____ 	<p>IDs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Federal Agent <input type="checkbox"/> Other _____ <p>ID Color</p> <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Gold <input type="checkbox"/> Other _____ 	<p>Accessories</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carry Bag <input type="checkbox"/> Pockets _____ _____ _____ _____
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---FOR OFFICE USE ONLY---

Size: _____ Date Completed: _____

Serial No: _____

Record: _____

Lot No. _____ Rec'd by: _____

Altered: _____ Date Rec'd: _____

- Panels
- Covers
- Labels
- Ids
- Pockets
- Inspection