

Best Friends 4-H Club – CANINE REGISTRATION FORM

Updated 10/6/2022/lsc

Canine Registrations is valid from January 1, 20 _____ to December 31, 20 _____.

INSTRUCTIONS:

1. Canine need only register with Best Friends 4-H Club once a year.
2. **For 4-H Leader's Year-Round Project:** Canine registration for Best Friends 4-H Club Leader's Year-Round canine therapy projects are due on or before December 31st of each year.
3. **For 4-H'er's Summer Dog Project:** Canine registration for Best Friends 4-H Club 4-H'er's Summer Dog Project are due on or before May 1st of each year.
4. **Canine Photographs:** Two (2) current photographs of the dog being registered must accompany the canine's registration form. First photo will be a **HEAD VIEW** photo of the dog, and the second photo will be a **SIDE VIEW** photo of the dog.
5. **Berrien County Youth Fair Dog Competition:** Page 2 of your Canine Registration, along with the two canine's photographs, will be copied and submitted to the Berrien County Youth Fair's Dog Department for the 4-H'er's (both non-traditional and traditional 4-H'ers) dog event registration on or before July 1st.
6. **The American Kennel Club (AKC) Canine Therapy and Obedience Titles:** Canine registration and picture will be recorded in compliance with AKC's canine therapy dog program and obedience titles earned through Best Friends 4-H Club's canine therapy program.

SECTION 1: CANINE'S OWNER INFORMATION

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

SECTION 2: OWNER'S AGREEMENT, CONSENT AND SIGNATURE

1. With my signature, I hereby attest that I have read the Best Friends 4-H Club's Canine Policy and do hereby acknowledge, agree with, and will abide by said policy.
2. With my signature, I hereby grant permission for my named canine to be registered with the Best Friends 4-H Club canine therapy programs and the Berrien County Youth Fair for the purpose of (*check the boxes that apply*)
 - Becoming a Volunteer Team Canine for the Summer Dog Project: Non-Traditional 4-H'er Canine Training Program which will include being paired with a non-traditional 4-H'er and entering the Berrien County Youth Fair's dog events.
 - To be trained by my own child in the Traditional 4-H Canine Training Program and entering the Berrien County Youth Fair's dog events.
 - To participate in Best Friends 4-H Club's Leader's Canine Therapy Program throughout the year while earning American Kennel Club obedience and canine therapy titles.
3. With my signature, I hereby **GIVE CONSENT** **DO NOT GIVE CONSENT** to post my canine's audio, video, film, and/or print image on the Best Friends 4-H Club website located at www.bf4hclub.com
4. I understand that with my signature, this signed agreement is valid from January 1st to December 31st of the current year. _

Owner's Signature: _____ Today's Date: _____

SECTION 3: TEMPERAMENT AND OBEDIENCE CERTIFICATES AND/OR TITLES – Please check all boxes that apply.

✚ **Therapy Dog Titles and Certificates:** My canine has earned the following AKC Canine Therapy Dog titles:

- | | |
|--|--|
| <input type="checkbox"/> Therapy Dog Novice (THDN = 10 visits) | <input type="checkbox"/> Therapy Dog (THD = 50 visits) |
| <input type="checkbox"/> Therapy Dog Advanced (THDA = 100 visits) | <input type="checkbox"/> Therapy Dog Excellent (THDX = 200 visits) |
| <input type="checkbox"/> Therapy Dog Distinguished (THDD = 400 visits) | |

✚ **Obedience Titles and Certificates:** My canine has earned, or will be testing for within the next six months, the following obedience certificates and/or AKC title(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> S.T.A.R. Puppy Certificate | <input type="checkbox"/> Canine Good Citizen (CGC) | <input type="checkbox"/> Community Canine (CGCA) |
| <input type="checkbox"/> Urban Canine (CGCU) | <input type="checkbox"/> Companion Dog (CD) | <input type="checkbox"/> Companion Dog Excellent (CDX) |

Best Friends 4-H Club – CANINE REGISTRATION FORM

Updated 10/6/2022/lsc

For Coordinator's Office Use Only:

Mailed Canine's Membership Badge on _____ by _____

BCYF ID: _____ 4-H'er's Name: _____

SECTION 4: CANINE INFORMATION

✚ Canine has been a canine member of Best Friends 4-H Club for _____ years.

Canine IS OWNED BY THE 4-H'ER and will be in the Non-Traditional Canine Program Traditional Canine Program

Canine is a VOLUNTEER TEAM CANINE for the Non-Traditional Canine Program.

Canine is a SERVICE DOG for (diagnosis only): _____

AKC's Registered NUMBER: _____

AKC's Registered NAME: _____

CALL NAME: _____ BREED: _____

Age: _____ Sex: Female Male Canine is Fully Intact Spayed / Neutered

SECTION 5: CANINE VACCINATION RECORD AND BODY HARNESS

Please Note: Please review Section 3 of Best Friends 4-H Club Canine Policy for Leaders and 4-H'er. Reminder: Three (3) year Rabies, Distemper, Hepatitis and Parvovirus are acceptable. Bordetella must be given yearly. Canine Influenza, Leptospirosis and Lyme's are recommended but not necessary.

Vaccines Given:

Rabies: _____ Date Given: _____ Due Date: _____

Distemper, Hepatitis & Parvovirus: _____

Bordetella: _____

✚ **Canine's Body Harness:** Will canine need to wear a body harness due to medical diagnosis? Yes No

Canine was diagnosed with (name of disability): _____

VETERINARIAN'S CONTACT INFORMATION, AGREEMENT AND SIGNATURE

With my signature, I hereby attest that the above-named canine's vaccination record and body harness diagnosis (if applicable) is accurate and true.

Veterinarian's Signature: _____ **Today's Date:** _____

Veterinarian's Name: _____

Animal Hospital or Clinic's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____