

Best Friends 4-H Club – CANINE REGISTRATION FORM

Updated 9/1/2023/lsc

Canine Registrations is valid from _____ to _____

INSTRUCTIONS:

Canine need only register with Best Friends 4-H Club once a year.

1. **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.
2. **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.
3. **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.
4. **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.
5. **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 Website 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.

4 **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) | <input type="checkbox"/> Therapy Dog Supreme (THDS = 600 visits) |

4 **OBEDIENCE TITLES AND CERTIFICATES:** My canine has earned, or will be testing for within the next nine 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 9/1/2023/lsc

For Best Friends 4-H Club's Coordinator's Use Only:

Mailed Canine's Membership Badge on _____ by _____

Paired with (BCYF ID:) _____ 4-H'er's Name: _____

SECTION 4: CANINE INFORMATION

🐾 Canine has been a canine member of Best Friends 4-H Club for _____ months / 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 / ☐ PAL / ☐ CANINE PARTNERS Registered NUMBER: _____

AKC's Registered NAME: _____

CALL NAME: _____ BREED: _____

Age: _____ months / years 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 On:

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: _____