

# NEW ENGLAND 4-H DOG CLINIC



**Saturday, May 5, 2012**

**Tolland Agricultural Center, Route 30, Vernon CT**

Registration – 8am-8:45am  
Workshops begin at 9am  
Event ends at 4:00pm



University of  
Connecticut

College of Agriculture  
and Natural Resources  
*Cooperative Extension  
System*

**Enrollment in the New England 4-H Dog Clinic is limited to 30 participants and their dogs. All youth ages referred to in this brochure are ages on January 1, 2012. This is an outdoor activity; be sure to wear appropriate clothing for spending the day outdoors.**

**CHECK IN AND PICK UP TIMES:**

Check in is from 8:00AM-8:45AM. The first workshop session begins at 9:00AM. Pick up time is at 4:00PM for those not participating in the Canine Good Citizenship Test. CGC Test will take place beginning at 4:00PM

**WHO CAN ATTEND:**

The New England 4-H Dog Clinic is open to all registered 4-H Dog Project members 9 - 18 years of age and their registered 4-H project dog. Only one dog is allowed to attend per registered person; no dogs in season may attend. Youth members ages 12 and under MUST be accompanied by a parent, guardian or leader/chaperone; there must be one adult chaperon for every 4 youth ages 12 and under. All participants are expected to follow and adhere to the 4-H & the Dog Clinic Code of Conduct, including participating in all activities and staying with your assigned groups throughout the day.

All dogs must be crate trained; crates must be brought to the event. Dogs that show aggression to other dogs or people will be asked to leave, and that person's registration will be refunded. The event will be held outdoors; be sure to wear appropriate clothing for all weather possibilities. Should there be inclement weather the event will take place in buildings on the TAC grounds.

**PARENTS:**

Parents or designated chaperones must stay for the day for participants ages 12 and under. Parents/Chaperones are not allowed to assist with care and handling of animals. The 4-H member is expected to control and handle their dog at all times throughout the day. Adults planning to stay must also register in order for event organizers to know who will be attending. No additional dogs may accompany the participant or adult.

**REGISTRATION MATERIALS, FEES AND OTHER FORMS:**

All necessary forms for the Dog Clinic are included in this packet. In addition, forms can be found on the Connecticut 4-H website ([www.4h.uconn.edu](http://www.4h.uconn.edu)), the Hartford County 4-H Website (<http://www.hartfordcounty4-h.uconn.edu/>) or by email at [linda.horn@uconn.edu](mailto:linda.horn@uconn.edu) or by phone at 860-570-9074.

Register by completing and returning the following items:

- ✓ Registration Form
- ✓ Participant's Health Form
- ✓ Signed New England 4-H Dog Clinic Code of Conduct form
- ✓ Registration fee (\$15.00) for first child in immediate family; \$10.00 for additional children in immediate family up to a maximum of \$25.00 per immediate family. This fee includes materials, workshops, handouts and snacks.
- ✓ Checks must be made payable to The University of Connecticut; in the memo section indicate "dog clinic."

A **copy** of dog's current immunization records and proof of current rabies vaccination printed from your veterinarian is required. Immunizations required are as follows:

- Proof of current Rabies vaccination
- Proof of current Distemper & Parvo vaccinations. Titers for Parvo and Distemper within 3 months of event are accepted.

Lyme disease vaccinations and Kennel Cough vaccinations are recommended, but not required.

Completed registration packet must be returned postmarked by midnight, April 10, 2012. No late forms will be accepted and no walk-in registrations will be accepted. Return all registration items to Nancy Wilhelm, State 4-H Office, University of Connecticut, College of Agriculture and Natural Resources, 1376 Storrs Road, Storrs, CT 06269-4134.

**DOG INFORMATION:**

Dogs must be in good health, free of contagious diseases and fleas. All dogs must have proof of current rabies inoculation as well as proof of current distemper and parvo vaccinations; a copy from the veterinarian is adequate. Dogs need to be under the control of their 4-H handlers. Dogs showing aggressive behavior toward other dogs or people may be asked to leave.

**MEALS:**

**No meals** are provided at this event; however snacks will be available mid-morning and mid-afternoon. It is the responsibility of each participant to bring their own lunch, beverages and any additional food items. No vending machines or lunch food is available on the grounds; participants are not allowed to leave the grounds during the event. Anyone with special needs diets must bring all their own foods.

**BANDANA PROGRAM:**

Dogs who need more space will be wearing a special orange bandana provided by the program. If you see a dog wearing an orange bandana, approach cautiously and speak with the handler about the best way to handle dog to dog interactions.

**WHAT TO BRING:**

All participants must bring their own dog food, water and treats as well as their own lunch and beverages. Each participant is responsible for picking up after their dog. It is recommended that participants bring insect repellent in case it is needed. It is possible that there may be insects of some type on the grounds.

A summary of items to bring:

Dog dishes	Sunscreen & Insect Repellant
Obedience and show leashes	Lunch and a beverage
Clean up bags for doggie bathroom	Water to drink throughout the day for you and your dog
Grooming supplies	A folding chair
Tarp for under crate (optional)	Dog Crate
Appropriate clothing for outdoor activities	Dog toys
Sheet or other item to put over crate for shade	

**ARRIVAL AND DEPARTURE:**

Arrival and registration is between 8AM – 8:45AM. Departure is at 4:00PM excluding those participating in Canine Good Citizenship Testing. Parents and/or guardians are required to sign in and sign out their child at arrival and departure. If someone other than the parent will pick up the child, written notification and permission from the parent/guardian is required. Please include the name and relationship to the child of the adult who will pick up the child. Health forms are required for participants over the age of 12 who may be attending without an accompanying adult. These are available in this packet or at [www.4-H.uconn.edu](http://www.4-H.uconn.edu)

**EMERGENCY PROCEDURES/PROGRAM CANCELLATION:**

In the event you need to contact someone at the event due to a family emergency please contact the Vernon Police Department at 860-872-9126. Prior to the event, in case of severe inclement weather, check the following sites for information regarding program cancellation: 860-570-9074 after 4PM on Friday, view WFSB television (CBS station) or wfsb.com, or NBC30 at <http://www.nbcconnecticut.com/> or radio stations WTIC FM (96.5), WRCH FM (100.5), or WTIC AM (1080).

**SAFETY:**

The Connecticut 4-H program reserves the right to add rules prior to the start of this program. All rules will be posted and reviewed at the start of the day; these rules are mandatory. If anyone choosing not to follow the rules or the Code of Conduct, a parent will be contacted to pick up the participant. Close toed shoes must be worn. There is no medical staff in attendance at this event. In the case of a medical emergency, paramedics will be called and parents will be notified. Participants are not allowed to leave the 4-H Dog Clinic grounds during the times of the program.

**DIRECTIONS TO THE EVENT:**

The Tolland Agricultural Center is located at 24 Hyde Avenue, Vernon CT. For directions, see their website at [tollandcountyagriculturalcenter.org](http://tollandcountyagriculturalcenter.org) or use a search engine such as <http://maps.google.com>.

**WORKSHOPS AND ACTIVITIES:** All participants must take part in their assigned workshops throughout the day. Times or content of workshops are subject to change.

**DOG OBEDIENCE:** Placement in sessions is based on your dog's current obedience level. Both dogs and handlers will work towards improving their obedience skills and handling.

**SHOWMANSHIP:** Workshop placement levels are based on handler's previous showmanship experience and expertise. Dogs and handlers will use learn problem solving methods and approaches to help fine tune showmanship skills.

**DOG KNOWLEDGE:** Dog general knowledge activities are based on topics for the Eastern States Exposition 4-H Dog Show. Participants will gain information about the AKC Sporting group including Retrievers, Pointers, Brittany, Weimaraner, Vizsla, and Spinone Italiano. Other topics will include dog anatomy and external parts & skeletal composition, basic dog care, and dog first aid.

**AGILITY:** All dogs and handlers will have the opportunity to participate in dog agility to improve their skills and learn about canine safety as they practice on several obstacles.

**DOG FIRST AID:** This interactive workshop will provide participants with hands-on activities that can be used with dogs in emergencies.

**"RALLY O":** Rally-O combines characteristics of traditional obedience and following directions into a canine sport that can be fun and challenging. Dogs and handlers will learn new skills or improve their existing skills.

#### **ADDITIONAL OPPORTUNITY:**

**CANINE GOOD CITIZEN TEST – CGC- *This is not for all dogs attending. Dogs who qualify must have been trained in the sub novice or higher training and able to work on a loose leash. This test will be held from 4:00 to 5:00PM. Individuals who wish to participate in this activity must indicate this on their registration form.***

For those who sign up for this activity, workshop will observe your dog throughout the Dog Clinic to determine whether your dog qualifies. You will be notified before the end of the day's activities as to whether your dog qualifies to participate. This test will be limited to 10 dogs. Those participating in this test must have had at least one year of sub novice (or higher) training and be able to work on a loose leash.

Canine Good Citizen is a certification program that is designed to reward dogs who have good manners at home and in the community. This is a two-part program that stresses responsible pet ownership for owners and basic good manners for dogs. All dogs who pass the 10-step CGC test may receive a certificate from the American Kennel Club. <http://www.akc.org/events/cgc/index.cfm>. Dog must be able to complete the requirements of a sub novice routine consistently.

Workshops & activities subject to change due to availability of presenters or enrollment.

# 4-H Member/Volunteer Health Form (Please Print)

<b>Member/Volunteer Information</b> (This form is used to ensure your safety and well being.)				
Last Name	First	Middle Initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /
Street Address	City	State	ZIP Code	Home Phone No. ( )

<b>Notify in Case of Emergency</b> (Emergency Contacts will be notified in order listed until one contact is reached)					
Name	Relationship	Name	Relationship		
Address		Address			
City	State	Zip	City	State	Zip Code
( )	( )	( )	( )	( )	( )
Home Telephone	Work Telephone	Cell Telephone	Home Telephone	Work Telephone	Cell Telephone

<b>Allergies</b>			
Food (List Food)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug (List Drug)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insect (List Insect)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (List)	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Personal Medical History</b>	
Previous Surgery/Hospitalization? Explain	Date
Physical Impairment? Explain	Date
Mental Health Issues Requiring Treatment? Explain	Date
Current Medications and conditions for which they are prescribed?	Date
Is there any other personal medical history you feel we should know?	Date

<b>Parent/Guardian Authorizations:</b>	
I recognize that some activities have an inherent risk that could result in personal injury. The person herein described has permission to engage in all 4-H activities except as noted. Please list here:	
I hereby give permission to the medical personnel to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above. I (we) understand that all financial obligations incurred, if not covered by insurance, will be my responsibility. This form may be photocopied for specific special events such as sledding trips, project workshops, etc. This health form will be maintained in a confidential manner.	
Signature of parent or guardian	Date
Printed Name	Date

**OVER**

## Parent/Guardian Authorizations Continued

I, \_\_\_\_\_, affirm that due to my and/or my child's sincere religious beliefs, I/my child may not receive the following medical treatment:

\_\_\_\_\_ Certain treatment (specify):

---

---

---

\_\_\_\_\_ Any Medical Treatment

I release the University of Connecticut, its Cooperative Extension System, 4-H Youth Development Program, the State of Connecticut and their agents and employees from any responsibility or impairment to me/my child's health that may result from this exemption.

Signature of Parent or Guardian

Date:

Printed Name

## Consent for Medication Administration

If your son, daughter or ward will be under the age of 18 while in attendance at this 4-H overnight Event, it is the University of Connecticut 4-H Program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the on-site nurse/health professional.

All medications must be in a medicine bottle and labeled with the participant's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

\_\_\_\_\_ No medication has been brought to the 4-H overnight event.

\_\_\_\_\_ I want the medication or medical devices self administered. (Age 14 and above only.)

\_\_\_\_\_ I want the medication or medical device administered by the Nurse/Health Professional. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Name of medication(s)

Prescribing Doctor

Doctor's phone number

Amount to be taken

How is it taken?

When to be administered

Day(s) to be taken

Special Instructions

Signature of parent or guardian

Date:



**NEW ENGLAND 4-H DOG CAMP & CLINIC**  
**SATURDAY, MAY 5, 2012**  
**TOLLAND AGRICULTURAL CENTER, ROUTE 30, VERNON CT**  
**REGISTRATION FORM**



**Name** \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Member's Date of Birth \_\_\_\_\_

E-Mail \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

4-H Club \_\_\_\_\_ 4-H County \_\_\_\_\_

**Dog and Handler Information:**

Number of years of dog showmanship experience (both in and out of 4-H) \_\_\_\_\_

Number of years of dog obedience experience (both in and out of 4-H) \_\_\_\_\_

Dog's Call Name \_\_\_\_\_

Breed: \_\_\_\_\_ Age of dog: \_\_\_\_\_ Sex of dog: \_\_\_\_\_

**Showmanship: Circle the level of showmanship in which you plan to participate:**

	Novice	Intermediate	Advanced	Open
Experience Level	0-2 years	3-4 Years	5+ years	Show in AKC or other Non 4-H Venues

**Obedience: Circle the level of obedience in which you plan to participate:**

Sub Novice A	Sub Novice B	Sub Novice C	Beginner Novice	Novice	Grad Novice /Open/Utility
All on leash	All on leash		On and Off Leash	On and Off Leash	Off Leash
1 <sup>st</sup> year dog; 1 <sup>st</sup> year handler		No training beyond Sub Novice level	No Novice Level Dogs		

**Agility: Circle the level of Agility in which you plan to participate:**

Sub Novice – On Leash	Novice – On Leash	Advanced – Off Leash
New to this sport	Little experience	Performs off leash currently

**Rally: Circle the level of Rally in which you plan to participate:**

Sub Novice – On Leash	Novice – On Leash	Advanced – Off Leash
New to this sport	Little or some experience	Proficient at this sport

Registration form, signed authorization below, fees, code of conduct and health forms as well as a copy of the dog's current rabies and immunization record are to be sent to Nancy Wilhelm, State 4-H Office, University of Connecticut, College of Agriculture and Natural Resources, 1376 Storrs Road, Storrs CT. 06269-4134 postmarked by midnight, April 10, 2012. Make checks payable to the University of Connecticut with "dog clinic" written in the memo section.

Registration fees: \$15.00 for first child; \$10.00 for additional children in immediate family up to a maximum of \$25.00 per immediate family. This fee includes materials, workshops, handouts and snacks.

**PARENT SIGNATURE REQUIRED:**

Any personal items, such as but not limited to i-Pods, MP-3 players, cell phones, cameras, laptops or other electronic portable devices are brought to the New England 4-H Dog Clinic at your own risk. The New England 4-H Dog Clinic and the organizers, and the University of Connecticut are not responsible for any lost, stolen or misplaced items. Cell phones must be kept off during all scheduled activities and workshops. ***No electronic devices, including cell phones, are to be used during any workshops.***

I certify that \_\_\_\_\_ is an active and currently registred 4-H dog project member in my state's 4-H Program for the 2011-2012 4-H program year. I give my child/ward permission to participate in the New England 4-H Dog Camp & Clinic.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_



4-H Member Name \_\_\_\_\_

Name of Club \_\_\_\_\_

Event: New England 4-H Dog Clinic, 2012

**4-H PROGRAM**  
**CODE OF CONDUCT AGREEMENT**  
**New England 4-H Dog Clinic 2012**

As an enrolled 4-H member, I agree to the following code of conduct:

I will:

- ❖ Participate fully in the New England 4-H Dog Clinic program.
- ❖ Be responsible for my own behavior and uphold high standards for the group.
- ❖ Use language and manners that are respectful and appropriate for a 4-H activity.
- ❖ Support and abide by the adult advisor's leadership.
- ❖ Follow all scheduled times for program or club events.
- ❖ Display a positive attitude and good sportsmanship.
- ❖ Respect others.
- ❖ Act as a cooperative team member.
- ❖ Not use alcoholic beverages, illegal drugs, fireworks or tobacco while participating in any 4-H activity.
- ❖ Not carry or use any weapons.
- ❖ Not leave the assigned area without permission from the adult chaperone or leader.
- ❖ Understand that 4-H project animals are shown at my risk.

I, \_\_\_\_\_ have read and understand the Code of Conduct and promise to follow the code as stated. I agree to abide by the New England 4-H Dog Clinic Program Code of Conduct as stated above. I understand that some of the activities in which I may choose to be involved may have inherent risks associated with them. I accept responsibility for my own actions and shall indemnify the 4-H organization and its volunteers against legal or other proceedings in regard thereto.

4-H Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Statement**

I have read the above Code of Conduct and give permission for my son/daughter/ward to participate in the New England 4-H Dog Clinic, 2012. I realize that I am personally responsible for my son/daughter/ward's behavior while he/she is at any sanctioned 4-H Event or Program. I expect that if he/she breaks the Code of Conduct or becomes disruptive and the adult leaders find it necessary to dismiss him/her, that I am responsible for his/her transportation home. I understand that some activities and events may have inherent risks to my child by participating, and that 4-H project animals are shown at the risk of the 4-H member. Any damages to persons or property are the legal and financial responsibility of the 4-H member and their family. I shall indemnify the 4-H organization and its volunteers against legal or other proceedings in regard thereto.

I will allow the use of any photos taken of my child/ward to be used in future promotional activities for the University of Connecticut 4-H program. Checking no to this option does not exclude anyone from membership or participation in any Connecticut 4-H programs

- Yes, I give permission for my child/ward's photo may be taken and/or used
- No, I do not give permission for my child/ward's photo to be taken and/or used

***4-H members age 18 and over must still obtain parent signature.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_