

Dog Scouts of America **Animal Actor Merit Badge**

Dog's Name:	_,DSA	Handler:	
This certificate certifies that the dog and hand Merit Badge, according to the high standards trained to perform the specified behaviors using required knowledge.	set out b	by Dog Scouts of Ameri	ca. This dog was
Handler Signature:		Date:	o To The rica
Evaluator Signature:		Date:	Scouts

If mailing, cut at line above, keep top portion for your records, and send the bottom portion to DSA for processing.

- Fill out this form completely and legibly. Once the badge requirements are met the form must be signed by an authorized in-person Evaluator, by a Distance Evaluator using the process for video evaluations, or by the Badge Program Administrator (for badges requiring a log.)
- Use the PRIMARY SUBMISSION METHOD found at http://dogscouts.org/base/merit-badges/. Current instructions for badge processing can always be found on this page. Using this method ensures faster processing since forms are sent electronically.
- Badge Payment of \$25 (plus \$3 for each additional patch requested) must be submitted on-line using a credit card at https://form.jotform.com/41833666336965. You must include a copy of the e-mailed receipt when sending this Badge Form.
- Alternatively, payment (check or money order made payable to Dog Scouts of America) can be mailed with this Badge Form following the ALTERNATE SUBMISSION METHOD instructions found at http://dogscouts.org/base/merit-badges/.
- Optional: Include \$3 for each additional patch, if any, that you would like of this badge.



Evaluator print name: _____

Animal Actor Badge Form

Dog's Name:	DSA Hand	ler's Name:	
Full Mailing Address:			
Phone: ()	_ Email:		Troop #:
I would like additional pa	tches of this merit bad	ge (I have included f	or \$3 each)
The signatures below certify that the dog and standards set out by Dog Scouts of America. positive training, the dog has earned the Dog	Signature of handler verifies th	at this dog was trained to pe	rform the specified behaviors using
Handler Signature:		Date:	
Evaluator Signature:		Date:	O In Person O At Camp O By Video