



Registration Form

Mail registration form with your check made payable to
"Fido Fundamentals LLC"

PO Box 532, Howell, MI 48844-0532

Contact: Linda Nichols, CPDT at 517 540 9684 or lknichols@sbcglobal.net

Note: Checks or credit card payments must accompany registration and are held until first class session.

.....
Name _____ Evening Phone _____

Daytime Phone _____ EMAIL _____

Address _____ City _____ Zip _____

Class Desired _____ Day _____ Time _____

Dog Name _____ Dog Breed _____ Age _____

Gender _____ Neutered: YES NO
Circle one

Pay by credit card:

Pay by Check/Cash: _____
Amount

VISA _____ MasterCard _____ Discover _____

Card Holder's Name _____

Card Number _____ CVV _____ Date Exp: _____
Last 3 digits back of card

Payment Amount: \$ _____ Cardholder's Signature _____
.....

Office Use Only

Amount Paid _____ Check Number _____ Paid by CC _____

Rabies _____ DHLPP _____ Bordetella _____

Negative Fecal Exam (Date) _____