

Yes! I want to sign up for the Animal Behavior Network

Please print this page and send it to us along with your payment of \$25.00.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: (____) _____

Email: _____

Pet's Name: _____

Type of pet (Dog, Cat, Etc): _____

Pet's age: _____

Gender: _____ Spayed or Neutered: _____

Behavior interest or concern: _____

Payment Enclosed:

Check - Payable to: Okaw Vet Clinic

Credit Card Visa _____ MasterCard _____ Discover _____

Card Number: _____

Expiration date: _____ 3 Digit Verification Code: _____

Name on card: _____

Billing address: _____

Mail to: Okaw Vet Clinic
 140 W. Sale St.
 Tuscola, IL 61953