

Pet Grooming Studio Academy Application Form

General Informations:

(please print)

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Country: _____

Home Phone: _____

Mobile Phone: _____

E-mail Address: _____

Course date applying for: _____

Date of birth : _____

In case of Emergency:
contact : _____

phone: _____

Left Handed: Right Handed

Have you had any previous grooming experience?
 Yes No

If Yes, Company Name : _____

phone# _____

Experience:

Describe your reasons for wanting to become a pet groomer :

What is your plan after finishing the course?

Medical History:

Allergies Yes No

Migraines Yes No

Diabetes Yes No

Epilopsy Yes No

Heart Condition Yes No

High Blood Pressure Yes No

Impaired Vision Yes No

Prosthetic Devices Yes No

Surgery Yes No

Are you presently on any medication for a chronic condition? Yes No

Do you take medication on a regular or on-going basis? Yes No

Responsibility for Tetanus Vaccination

I acknowledge that I have been informed to receive Tetanus Vaccination due to the nature of the pet care industry.

The school will not be responsible for these vaccines.

I would like to enroll in program:

Professional Dog GRooming Part-1

Professional Dog GRooming Part-2

Required Document

High School Diploma or equivalent

Higher education diploma

Proof of 18 years or older and CAST test

I certify that the information above is correct.

date: _____

Signature: _____



Pet Grooming Studio Academy

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