



Enrollment Application

Dogs' Own Grooming School
224 E 29th St.
Loveland, CO 80538
970-663-3647 www.dogsowngroomingschool.com

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

E-mail _____

Date of birth _____ SSN _____ - _____ - _____

Course applying for _____

High school graduate Yes _____ No _____

Briefly describe any additional education or training you have taken.

List any previous experience in animal care or pet grooming.

Dog Grooming is a very physical job, which can be demanding on a groomers body. this job requires some physical ability to be successful in the job. Please be advised that if you have any of the following conditions this may be a hinderance to your schooling and profession.

- Unable to lift 50 lbs by yourself
- Stand for long periods
- Have back or neck problems
- Wrist, hand, elbow, shoulder injuries (repetitive motion)
- Severe allergies to animals or dander

Name of current employer or school

Your position _____

Dates from/to _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Please list two references below

1. Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

2. Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

How did you learn about us? _____

If accepted for training, when would you like to begin?

First Choice (mo/yr) _____ Second choice (mo/yr) _____

In case of emergency during class, please contact

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

Are you allergic to animals? _____

Right handed _____

Left handed _____

Due to the nature of work performance at Dogs' Own Grooming School, all students must have a current Tetanus shot. If a student has not had one in the past 10 years, he/she will be required to have one administered prior to the first day of class. If the student has had one in the past 10 years, he/she must provide proof of this to the school. I _____ have read and understand that by signing this, I agree that I have been informed that I must have a current Tetanus shot administered or show proof that I have had one in the past 10 years.

Signed _____ Date _____

To apply, please submit a signed original of this application along with your application fee of \$50.00 (non-refundable) and a payment for tools of \$900.00. The total amount of \$950.00 should be sent to:

Dogs' Own Grooming School, 224 E 29th St. Loveland, CO 80538