



## Enrollment Application

Dogs' Own Grooming School  
224 E 29<sup>th</sup> St.  
Loveland, CO 80538  
970-663-3647

[www.dogsowngroomingschool.com](http://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.

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List any previous experience in animal care or pet grooming.

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Dog grooming is a very physical job, which can be demanding on a groomer's 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 hindrance to your schooling and profession.

- Unable to lift 50 lbs by yourself
- Stand for long periods
- Have neck or back problems
- Wrist, hand, elbow or 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 \_\_\_\_\_

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 \_\_\_\_\_

In order to apply, please submit a signed copy of this application and a non-refundable application processing fee of \$100.00. This will hold your spot on our waitlist for classes. To inquire about current school availability, please contact Dogs' Own directly.

**Dogs' Own Grooming School, 224 E 29<sup>th</sup> St. Loveland, CO 80538**