

Professional Image Pet Grooming Academy
3704 North Clinton Street, Fort Wayne, IN 46805
260-471-4440 * FAX 260-969-2848

Dedicated to Excellence in the Profession of Pet Grooming

APPLICATION FOR ADMISSION

Last Name _____ First Name _____

Middle Name _____ Maiden Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax Number _____

Date of Birth _____ Social Security Number _____

Emergency Phone Number _____ Name & Relationship _____

Have you Graduated from High School or Received a GED? Yes / No

If Yes, please List School Name, City/State, Date Graduated:

List Work Experience (most recent first)

Please List: Employer Name, City/State, Starting Date, Ending Date & Type of Work

Have you Had any Previous Grooming Experience? Yes / No

If Yes, Where & When?

Do you Have any Other Experience with Animals? Yes / No
If Yes, Where & When?

Why do You wish to Become a "Professional Pet Stylist"?

What do You Plan to Do with Your Skill, after Graduation?

Do you Have any Physical Limitations that May Limit your Ability to Groom a Dog? Yes / No
If Yes, Please Explain:

How Did you Learn about Professional Image Pet Grooming Academy?

If accepted, I agree to abide by the rules and regulations of the School as defined in the current catalog. I will pay tuition, fees and other charges as stated in the current catalog of Professional Image Pet Grooming Academy, a copy of which I have received, read and thoroughly understand. I further understand that proof of age (birth certificate or driver's license) and evidence of social security card will be required if I am accepted for enrollment.

Applicant's Signature

Applicant's Printed Name