

Canine Design Grooming Apprentice Program Application

Name _____

Address _____ City _____ State _____

Phone #'s _____ Zip _____

Code _____

Time in Residence _____ Date of Birth _____

Social Security # _____

Currently Employed? _____ Yes _____ No

Any Felony Convictions? _____ Yes _____ No

Do you own any animals? _____ Yes _____ No

If Yes, what? _____

Do you have or have you in the past had any back injuries or health conditions that would prevent you from safely lifting 50 lbs ? _____ Yes _____ No _____

Do you wish to pursue a career in the grooming field or are you just interested in grooming your own animals?

Please write some thoughts on what your personal goals are in relation to this apprentice program and what you hope you will acquire from it.

Application and acceptance into the apprentice program must be accompanied by a \$1000 non refundable deposit. One full day of observation in the salon is advised prior to making your decision.

Signature _____ Date _____

Canine Design

All Breed Pet Salon and Grooming School
4605 Kootenai Place
Boise ID 83705
(208) 336-3413

General Release/Waiver

I certify that I carry sufficient medical insurance to cover me in case of an accident.

I certify that I have had a tetanus shot within the last two years.

I understand that dogs can be dangerous, and that I willingly enter into this agreement so that I can volunteer my time as a student. If I am injured by any pet(dog or cat) while participating in this course, I agree not to hold Stacey Sullivan or Canine Design or Sullivan Enterprises, Inc. liable for any damage or injury caused by any dog or cat or any activity included in the regular work day.

Signature _____ **Date** _____

Instructor/Owner
signature _____ **Date** _____