



1440 S. Byrne Rd. Toledo, OH 43614  
Ph. (567) 202 1529/ Fax. (419) 873 5994  
E- Mail: admission@ToledoInstitute.org

**APPLICATION FOR ADMISSION TO “ PET BATHER/ BRUSHER” COURSE**

Date of Application: \_\_\_\_\_

Applicant's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number and State of Issuance: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If less than 18 years of age, complete a. through d.:

- a. Parent or Guardian's Name: \_\_\_\_\_
- b. Parent or Guardian's Address: \_\_\_\_\_
- c. Parent or Guardian's Home Phone Number: \_\_\_\_\_
- d. Parent or Guardian's Work Phone Number: \_\_\_\_\_

**BACKGROUND INFORMATION: PLEASE ANSWER ALL QUESTIONS**

Last High School Attended: \_\_\_\_\_

Address of High School Attended: \_\_\_\_\_

Did you graduate? ( ) Yes ( ) No Course of study/ major: \_\_\_\_\_

Other School/ College Attended? ( ) Yes ( ) No If YES, name \_\_\_\_\_

Did you graduate? ( ) Yes ( ) No Course of study/ major/ diploma: \_\_\_\_\_

Other School/ College Attended? ( ) Yes ( ) No If YES, name \_\_\_\_\_

Did you graduate? ( ) Yes ( ) No Course of study/ major/ diploma: \_\_\_\_\_

(ATTACH ADDITIONAL SHEET/S IF YOU ATTENDED/ GRADUATED FROM MORE PROGRAMS)

Are you currently employed? ( ) Yes ( ) No

Name/ Address of Employer: \_\_\_\_\_

Phone # of Current Employer: \_\_\_\_\_

**REFERENCES**

Please list two (2) references:

- Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ How long known? \_\_\_\_\_
  
- Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ How long known? \_\_\_\_\_

**PERSONAL NOTES**

How did you learn about Toledo Career Institute?

Internet  Newspaper  Radio  TV  Friend  Other (please specify) \_\_\_\_\_

What would like us to know about yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to pursue this program/ your career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETE BOXED SECTION BELOW:

- Are you new to pet care industry (no prior experience)? ( ) Yes ( ) No
- Are you a quitter, when times get rough? ( ) Yes ( ) No
- Do you understand that pet care is hard work? ( ) Yes ( ) No
- Do you understand that some pets may be difficult to care for? ( ) Yes ( ) No
- Do you have any medical conditions that may interfere with your work? ( ) Yes ( ) No
- Do you have any problems that may prevent you from finishing the course? ( ) Yes ( ) No
- Do barking dogs bother you? ( ) Yes ( ) No
- Do you mind cleaning up after class is finished? ( ) Yes ( ) No
- Do you require continuous one-on-one instruction in class? ( ) Yes ( ) No
- Are you able to work on your own once you have been instructed? ( ) Yes ( ) No
- Do you have a sense of humor? ( ) Yes ( ) No
- Are you a leader or a follower? ( ) Leader ( ) Follower
- Do you have patience? ( ) Yes ( ) No
- Are you a dedicated worker? ( ) Yes ( ) No
- If you had to work late hours, would this bother you? ( ) Yes ( ) No
- Are you a punctual person? ( ) Yes ( ) No
- Are you reliable? ( ) Yes ( ) No
- Do you handle stress well? ( ) Yes ( ) No
- Are you patient with animals? ( ) Yes ( ) No
- Can you take criticism? ( ) Yes ( ) No
- Do you work well with other students? ( ) Yes ( ) No
- In your opinion, do you have artistic ability? ( ) Yes ( ) No
- Are you afraid of dogs? ( ) Yes ( ) No

**RISK AGREEMENT & VERIFICATION**

By applying to this course and signing below, I state my understanding and acceptance of the risks involved by pursuing this course at Toledo Pet Farm and any continuation of training at Toledo Career Institute. I agree to hold the staff members and management of Toledo Pet Farm and Toledo Career Institute NOT liable for any infections and injuries caused while or due to training requirement and providing pet care (scratches/ bites/ other injuries from dogs, cats, etc.).

I verify that the information I am providing are true to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

To process a decision on your admission, you must complete and submit the following:

1. *Enrollment Agreement*
2. *Medical Emergency/ History Form*
3. *Check or money order for registration fee as given in the enrollment agreement payable to "Toledo Pet Farm" and mailed/ delivered to: Pet Grooming School. 1440 S. Byrne Rd. Toledo, OH 43614. Please contact the office if you wish to make a credit card payment.*