

Bingo Institute of Grooming, LLC. Student Application



General Information: (please print)

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____

Home Phone: _____

Mobile Phone: _____

E-mail Address: _____

Course date applying for: _____

Date of birth: _____

In case of Emergency:

Contact/Relation _____

Phone: _____

Left Handed:

Right Handed:

Have you had any previous grooming experience?

YES

NO

If Yes, Company Name: _____

Phone #: _____

Experience:

Describe your reasons for wanting to become a pet groomer:

What is your plan after finishing the course?

Medical History:

Allergies:

YES

NO

Migraines:

YES

NO

Diabetes:

YES

NO

Heart Condition:

YES

NO

Impaired Vision:

YES

NO

Hearing Impaired:

YES

NO

Epilepsy:

YES

NO

High Blood Pressure:

YES

NO

Prosthetic Device:

YES

NO

Surgery:

YES

NO

Are you presently on any medication for a chronic condition?

YES

NO

Do you take medication on a regular on-going basis?

YES

NO

Responsibility for Tetanus Vaccination

I acknowledge that I have been informed to receive Tetanus Vaccination due to the nature of the pet care industry.

The school will not be responsible for these vaccines.

I would like to enroll in program:

Dog Grooming Program

Dog and Cat Grooming Program

Required Documentation:

Copy of High School Diploma or GED

\$25 Check (made to Bingo Institute of Grooming)

I fully understand the Bingo Institute of Grooming's policies and school rules.

Date: _____

Signature: _____

Mail to: Bingo Institute of Grooming, LLC.

Contact: 248-677-1540

110 W. 4th Street, Royal Oak, MI 48067

Email: Info@bingogroomingschool.com