

VET5514 Dog Grooming as a Career Application Form

****Students participating in this course are responsible for providing their own dog for the practical labs. Please complete canine application below****

STUDENT NUMBER _____ DATE OF BIRTH: ____/____/____
(If known) (Day) (Month) (Year)

NAME: _____
(Surname) (Given Name) (Maiden name if applicable)

ADDRESS: _____
(Apartment & Street #) (City & Province) (Postal Code)

TELEPHONE #: _____
Home: _____ Cell: _____ Business: _____

EMAIL: _____ CITIZENSHIP: _____

➤ **Accepted applicants must provide proof of Tetanus Vaccine.**

Canine Participant

- ✓ Each student is responsible for providing a canine pet to participate in all lab sessions.
- ✓ Documentation must accompany application form confirming the following required vaccinations:
 - Canine Distemper Virus, Adenovirus, Parainfluenza, Parvovirus
 - Canine Bordetella
 - Rabies
- ✓ Due to the length of time required in each lab session, consideration must be made for the physical limitations of the canine participant. Age recommendations are minimum of 1 year and a maximum age of 8 years for large breeds, 10 years for small breeds, and 12 years for toy breeds.

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I agree that the information above is accurate and that I am over 19 years of age.

Print name: _____ Signature _____

Date _____

Return all supporting documentation for Dog Grooming as a Career
to R. Helie, Main Building, Room C137
1385 Woodroffe Avenue, Ottawa, ON K2G 1V8

VET5514 APPLICATION FORM

Algonquin College, School of Part-time Studies
1385 Woodroffe Ave, Main Bldg, C137, Ottawa, ON K2G 1V8

Dog Grooming as a Career

*****Students participating in this course are responsible for providing their own dog for the practical labs. Please complete canine application below*****

Canine Application: All Canine participants must provide proof of vaccination. Classes require that dogs must have acceptable social behavior. Dogs demonstrating disruptive or unsafe behaviors will be removed.

The College reserves the right to refuse canine participation.

Dog Name: _____ DATE OF BIRTH: ____/____/____
(Day) (Month) (Year)

Breed: _____ Aprox. Weight: _____

Coat Description: _____

Life style of dog: Indoors:_____ Outdoor only:_____ Crate Trained: Yes No

Public Exposure (please describe): _____

Grooming routine (please describe): _____

Bathing frequency: _____

Pet Owner Name: _____

ADDRESS:

_____/_____/_____
(Apartment & Street #) (City & Province) (Postal Code)

TELEPHONE #:

Home: _____ Cell: _____ Business: _____

EMAIL: _____

*******Attach proof of vaccinations. *******

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