

PetPro Supplemental Questionnaire GROOMERS / MOBILE GROOMERS

PLEASE ANSWER ALL QUESTIONS

Risk Name: _____ Risk website address: _____

FEIN: _____ Date Business Started: _____

Number of Kennels: _____ Is this risk a member of any groomers' associations? Yes No

Please list: _____ Number of Employees: _____

Required minimal employee qualifications _____

How many total animals may be housed on-site? _____ On average, how many animals groomed per day? _____

Does this risk groom animals other than dogs and cats? Yes No List: _____

Does this risk have a retail store? Yes No Annual Gross Receipts \$ _____

Does this risk have procedures in place for handling fearful or aggressive animals? Yes No

Are all animals on-leash or in carriers when moving them through or around the facility? Yes No

Are all animals leashed to the grooming table during bathing and grooming? Yes No

Does this risk require proof of vaccinations for all animals? Yes No

Is this risk aware of & compliant with all state regulations and protocols regarding rabies exposure? Yes No

Does this risk obtain a medical history and discuss emergency care instructions with the owners? Yes No

Are pickup and delivery services offered? If so, how are pets secured in transit? Yes No

Are pets supervised at all times? Yes No Are pets left unattended under heat driers? Yes No

Are all chemical solutions clearly marked? Yes No Does risk maintain MSDS sheets for all chemicals? Yes No

Are hallways kept free of debris and clearly marked when wet? Yes No

Is electrical grooming equipment kept away from the bathing area to help prevent possible electrocutions? Yes No

Is this a new venture? Yes No If yes, please describe experience and qualifications of insured (or attach):

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____



**PetPro Supplemental Questionnaire
MOBILE GROOMER VEHICLES**

Fill out one application for each vehicle.

Garage or Storage Location if Different from Business Address:

Street _____ City _____ State _____ Zip _____

Make _____ Model _____ Year _____

VIN: _____

Cost New for Base Vehicle \$ _____ Customization \$ _____

Cost for Contents (unattached items) \$ _____ Finance/Lease Company _____

Driver's Name _____ Driver's License Number: _____

Driver's DOB _____

Does this risk perform regular maintenance on this vehicle? Yes No How Often? _____

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____