



Companion Animal Foundation

Community Animal Program Center

3954A Jacobs Ave., Eureka 95501

707-296-4629 email: cafdirector@gmail.com

For the Love of Animals Summer Program

Application Form (please print very clearly)

Today's Date: _____ This child will be participating in ____ 8-10 ____ 11-16

Program Dates: Youth ages 8-10 June 26th – June 30th from 9-1pm

Youth ages 11-16 July 10th – July 15th from 9-1pm Cost is \$200 (check or cash only)

Adult Name(s): _____ Youth Name: _____ Nickname? _____

Address: _____ City: _____ Zip Code: _____

Parent/name phone#: _____ Parent/name phone#: _____

Email: Parent #1 _____ Parent#2 _____

Age on the first day of the program _____ Birthdate: _____ (Preferred) Pronouns: she/her, he/him

Doctor's Name: _____ and Contact: _____

Insurance Provider and Policy Number: _____

Emergency Contact: _____ Phone Number: _____ First time in program? _____

Area for youth to fill out

What are some of the reasons you might be interested in joining this animal program?

Is there something you are hoping to learn in this program?

Are you considering a career with animals? If yes or if even if you aren't sure, what are you most interested in as far as a future career (veterinarian, groomer, animal rescue, dog trainer or other) _____

Parent(s) Any other information we should know about your child including any special needs, allergies or dietary needs?

Provided you have been told there is room in this summer program, please bring this and \$200 (either check or cash) to Companion Animal Foundation for a place in the program. **We do not accept just an application or just payment, both must be brought in. Thank You