



And




CANYON VIEW
Cares
Application

First & Last name

(____) _____
Daytime Phone Number

Mailing Address

Apt. #

City

Zip Code

E-mail address

Please provide proof of membership in one of these assistance programs: Medicaid, CHIP, Food Stamps, WIC, SSD, Major VA disability, Section 8 (HUD) or a copy of last year's tax return indicating household income not exceeding \$25,000 a year. ***You must include copy of form, card or other proof, for approval.***

List the name of the pet, gender and age (if known). NOTE: Limited to three pets.

Pet's Name	Cat/Dog	Age	Procedure
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Sign your application (unsigned applications cannot be honored) *I hereby certify that the above information is true and correct.*

Signature: _____ Date: _____

*Some restrictions apply. There is no guarantee of service.

Print and return to:

Canyon View Animal Health Center
1885 S. Hwy 89 Perry
(435) 734 - 2900

Canyon View North
822 East Main Tremonton
(435) 257 - 2900