



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.

Table with 4 columns: Pet's Name, Cat/Dog, Age, Procedure. Rows 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