



Free Wellness Exam, Spay/Neuter Program at SPCA Westchester Application

Email this form and documentation of qualifying benefits to: diane@spcawestchester.org.

Your Name _____

Phone number _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Please check document provided for proof of government benefit:

- Medicaid card
- SNAP card
- Public assistance letter
- Social Security Income (award or letter)
- Long term disability award letter
- Housing Choice/Section 8 Voucher

Please state document used for proof of Westchester County residency:

Questions? Email diane@spcawestchester.org.