**SPCA Westchester's Community Care Program Application**

If you are unable to schedule an appointment online, email this form and documentation of qualifying benefits to: *Clinic@spcawestchester.org*

Your Name _____

Phone number_____

Email_____

Street Address_____

City_____ State _____ Zip Code_____

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Animal's Name _____

Species_____ Gender_____

Breed_____

Age_____ Weight_____

Primary color_____

Temperament_____

Is the animal altered (Spay or Neutered) Y N

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:

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**Questions? Email *Clinic@spcawestchester.org***