

AFFIDAVIT FOR A SPAYED OR NEUTERED DOG

State of New York

County of _____ }
City or Town of _____ } ss: _____ Dog I.D. Number

_____ being duly sworn, says:

I reside at _____ and I am the owner of a

dog described as follows: Breed _____ age _____

color _____ markings _____ sex _____

This dog was spayed/neutered by Dr. _____ Veterinarian

Address _____

(Street and No. or R.F.D)

City

State of _____ on or about _____ 2000

This affidavit is made to obtain a license for dog described above.

Sworn to before me this

_____ day of _____, 20 _____

Applicant

Official Title

(To be retained by clerk)
DL-33 Rev. 4/00)