

**Affidavit for spayed or neutered dog**

State of New York

County of \_\_\_\_\_ City/Town of \_\_\_\_\_ Dog ID Number \_\_\_\_\_

I reside at \_\_\_\_\_ being duly sworn, says:

dog described as follows: Breed \_\_\_\_\_, age \_\_\_\_\_

Color \_\_\_\_\_, markings \_\_\_\_\_, sex \_\_\_\_\_

This dog was spayed/neutered by Dr. \_\_\_\_\_ Veterinarian

Address \_\_\_\_\_

(street and number or R.F.D.)

City

State of \_\_\_\_\_, on or about \_\_\_\_\_

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

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

(official title)

(Applicant)

(To be retained by clerk)

DL-33 (Rev. 6/89)

