

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
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 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)