

**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 \_\_\_\_\_, 2000 \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Official Title

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