Town of Hornby
Steuben County
State of New York

Affidavit for Spayed or Neutered Dog

Dog's Name or ID Number: _____

_____ being duly sworn, says: I reside at

_____

_____ . I am the owner of a dog described as follows:

Breed _____ Age _____ Color _____

Markings_____ Sex (circle one) Male Female. This dog was spayed/neutered (circle one) by

_____, located at

_____, State of _____ on or about _____.

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

_____ Applicant's Signature

Sworn to before me this _____ day of _____, _____

_____

_____