

AFFIDAVIT FOR SPAYED OR NEUTERED DOG

State of New York

County of Seneca

Town of Covert

Dog I.D. Number

I, _____
Owner's Name

reside at _____ and I am the owner of
Street Address Zip code

the dog described as follows:

Name _____ Breed _____ Age _____

Color _____ Markings _____ Gender _____

This Dog was spayed/neutered by Dr. _____

Veterinarian's Address _____

Street City
in the State of _____ on or about _____ 20____.

Owner's Signature

Witnessed before me this

_____ day of _____, 20____

Official's Title