

Dog License Form:

Please complete the following application for a dog license and submit to **Lysander Town Clerk's Office, 8220 Loop Road, Baldwinsville, New York 13027**
Please make checks payable to Lysander Town Clerk.

Owner: Last name, First name, M.I. _____ Phone number _____

Street Address (Where dog is being harbored) _____ City, State, Zip Code _____

Mailing address (If different from street address) _____

Dog Breed: _____ Dog Name: _____ Dog's Year of Birth: _____

Dog Color(s): _____ Markings: _____

Rabies Information: _____ Veterinarian: _____

(RABIES CERTIFICATE MUST BE SUBMITTED WITH APPLICATION)

Date of Vaccination: _____ 1 year 2 year 3 year
(Circle one)

(Please Note: IF DOG IS SPAYED OR NEUTERED, PROOF MUST BE SUBMITTED WITH APPLICATION or you can COMPLETE AN AFFIDAVIT FORM IN LIEU OF CERTIFICATE.)

Type of License:

Neutered/Spayed	\$7.50
Unneutered/unspayed	\$15.50

Is owner less than 18 years of age? Yes No. (Circle one) If yes, parent or guardian shall be deemed the owner of the record; the owner of record and the information must be completed by them.

Owner's signature: _____ Date: _____

**AFFIDAVIT FOR SPAYED OR NEUTERED DOG:
TOWN OF LYSANDER**

_____ being duly sworn, says: I reside at _____
_____, I am the owner of a dog described as follows:

Breed _____, age _____, color _____

Markings: _____, sex _____. This dog was spayed/neutered by

Dr. _____ Veterinarian address _____

_____, State of _____, on or about

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

(Applicant)