

**Town of Lysander Dog License Form:**

Please complete the following application for a dog license and submit to:  
**Lysander Town Clerk, 8220 Loop Road, Baldwinsville, NY 13027**

Please make checks payable to Lysander Town Clerk

Owner: Last name, First name, M.I.

Owner: Phone Number

Owner: Email Address

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's Gender: \_\_\_\_\_ Dog Color(s): \_\_\_\_\_ Markings: \_\_\_\_\_

**RABIES INFORMATION:    \*\*\*RABIES CERTIFICATE MUST BE SUBMITTED WITH APPLICATION\*\*\***

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

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 the affidavit form below in lieu of spay/neuter certificate**

**Type of License** - Please circle below:

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 \_\_\_\_\_, and color(s) \_\_\_\_\_

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)

\_\_\_\_\_  
(Signature of Owner)