

**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)

**Dog Licenses:** The Town of Lysander now offers the convenience of accepting credit cards either in-person, by mail, or over the telephone by calling 315-638-0224 or via e-mail at [townclerk@townoflysander.org](mailto:townclerk@townoflysander.org)

**Please circle amount:**

Spay/Neutered                    \$7.50  
Unspayed/Unneutered        \$15.50

If by mail, please fill out the following:

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_/20\_\_\_\_

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Security Code (3 or 4 digit) \_\_\_\_\_

Billing Address:

\_\_\_\_\_

By signing below I agree to pay the Town of Lysander for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for my Town to accept payment via credit card. I further agree that such convenience fee shall be billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to \*2.45% (\$3.00 minimum) of the total amount being paid. \*Nationwide Payment Solutions is an authorized Level 1 PCI-DSS third party processor of regulated convenience fees.

X \_\_\_\_\_  
(Card Holder Signature)