



**TOWN OF CEREDO**  
 700 B Street • PO Box 691 • Ceredo, WV 25507  
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## DOG TAG APPLICATION

Owner: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Short Name of Dog	Age	Sex Male/Female	Spayed Neutered	Color	Character of Hair Short/Long	Breed	Tag Number Official Use Only

**FEE: \$1.00 PER DOG ANNUALLY**

**\*\*LICENSE MUST BE RENEWED BY JULY 1<sup>ST</sup> EACH YEAR\*\***

*I certify to the best of my knowledge the information provided on this form is true and actual.*

**X** \_\_\_\_\_

Date: \_\_\_\_\_

Approval: \_\_\_\_\_