Making a difference...together

CRD Bylaw Services
Barking Log

Submit by Email | Reset Form | Print Form

DESCRIPTION of Dog(s**)** PAGE _____ of _____

Breed(s)

Colour(s)

Name(s)

ADDRESS of alleged barking Dog(s)

DATE Y / M / D	**START TIME** (am / pm) exact hr:min	**QUANTITY of BARKING / OBSERVATIONS** (duration, how barking disturbs you, end time apparent cause of barking, consistency)	**DOG SEEN?** Y / N

Name Address Postal Code

Phone email Signature

EVERY NOTATION MUST BE 100% FACTUAL AND 100% TRUTHFUL

Upon receipt of submission, an Animal Control Officer will contact you to discuss the contents.

Complainants must be prepared to go to court & provide testimony if required.