

Barking Dog Diary

Your accuracy in recording the nuisance barking is of extreme importance as it may be presented as evidence in court. Please create a detailed diary over a two-week period as the example indicated below.

Example diary entries:

Date	Tir	ne		Intensity	,		The room noise	Affect on myself &
	Start	Finish	Loud	Medium	Soft	Duration	is heard from	others (if applicable)
01/02/2015	5:00am	9:00am	х			4 hrs	Main Bedroom	Woke me, couldn't get back to sleep
01/02/2015	9:30am	1:30pm		×		4 hrs	Second Bedroom / Study	Could not study even with window closed
01/02/2015	2:00pm	6:00pm		х		4 hrs		
01/02/2015	11:00pm	3:00am	х			4 hrs	Main Bedroom	Could not sleep
02/02/2015	3:30am	7:30am	x			4 hrs	Main Bedroom	Woke me up
02/02/2015								Not home
03/02/2015	5:00am	9:00am	х			4 hrs	Main Bedroom	Could not sleep

This may seem excessive, but remember, you may be required to present this diary before a Magistrates Court as accurate and concise evidence.

Forward your completed form and diary to:

Animal Management Officer

City of Yarra

PO Box 168 RICHMOND 3121

Barking Dog Diary						
Complainant Name:						
Contact Phone:						



SOURCE OF NOISE:								
Street No.:	Street Name:							
Type of noise:								

	Time		Duration	Intensity			Type of noise:	Effect on myself: (woke me up, could not study/work, could not	Possible explanation for	What were you doing when the nuisance
Date:	Start	Finish		Loud	Medium	Soft	(Barking, Howling, Scratching, etc)	study/work, could not sleep)	nuisance noise (People walking past, weather, other animals, sirens etc.)	started? (watching TV, hanging out washing, reading a book)

Complainant Name:		
Contact Phone:		
SOURCE OF NOISE:		
Street No.:	Street Name:	

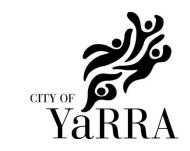
Type of noise:



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Date:	Start	Finish		Loud	Medium	Soft	Type of noise: (Barking, Howling, Scratching, etc)	study/work, could not sleep)	nuisance noise (People walking past, weather, other animals, sirens etc.)	started? (watching TV, hanging out washing, reading a book)

Complainant Name:		
Contact Phone:		
SOURCE OF NOISE:		
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Type of noise:



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