HALIFAX
REGIONAL MUNICIPALITY

Animal Services

BARKING DOG LOG

NAME (required) _____ PAGE _____ OF _____

ADDRESS OF ALLEGED BARKING DOG (required): _____

DESCRIPTION OF DOG (ie. breed, colour, size): _____

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

DATE: (dd/mm/yy)	**START TIME:** (hr:mm am/pm)	**END TIME:** (hr:mm am/pm)	**QUANTITY of BARKING/ OBSERVATIONS** (seconds, minutes, # of barks, how barking affects you, apparent cause of barking, etc.)	**DOG SEEN?** Y/N

SIGNATURE: DATE:

The log may be submitted by fax at 490-6142, mail to P.O. Box 1791 Halifax, NS B3J 3A5, or contact HRM Animal Services at 490-1791 if you wish arrange for pick up of the log.