

## **BARKING LOG FORM**

Please use this form to record details of ongoing dog barking issues. Track barking events for at least **one week** to help us understand the problem and respond effectively.

## Instructions:

Name:

Phone:

- Record the **date**, the **start** and **stop times** of barking.
- Describe **how you were disturbed** (e.g. "woke me up," "couldn't hear TV," etc.).

**Address:** 

**Email:** 

• Add any **extra notes** if needed. Be as specific as possible.

Location of dog/s:					
Date	Barking	Barking Stop Time	How did this disturb you?	Additional Notes	Initials
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COMMINIC	ins inionnau	on is accurat	Signature		

Once complete, please submit your log via:

Email: enforcement@beaver.ab.ca

Mail or drop-off: Beaver County Service Centre, 5120-50th Street, Box 140, Ryley AB, T0B 4A0