**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time | Intensity | Duration | Room noise is heard from | Affect on myself & others |
| Start | Finish | Loud | Medium | Soft |
| 01/04/2025 | 0700 | 0704 | X |  |  | 4 mins | Bedroom | Woke me up |
| 01/04/2025 | 0815 | 0822 | X |  |  | 7 mins | Living room | Couldn’t hear television |
| 01/04/2025 | 1730 | 1736 |  | X |  | 6 mins | Hall | Dog barking on return from work |
| 01/04/2025 | 1935 | 1941 | X |  |  | 6 mins | Kitchen | Couldn’t hear music while cooking |
| 01/04/2025 | 2104 | 2113 |  | X |  | 9 mins | Living Room | Couldn’t hear television |
| 01/04/2025 | 2341 | 2348 | X |  |  | 7 mins | Bedroom | Woke me up |

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 VIC 3121

**Barking Dog Diary**



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| **Complainant Name:** |  | **Contact Phone:** |  |
| **Source of Noise** |
| **Street No:** |  | **Street Name:** |  |
| **Type of Noise:** |  |
| **Date:**  | **Time** | **Duration**  | **Intensity** | **Type of noise:** ***(Barking, Howling,*** ***Scratching, etc)***  | **Effect on myself:** ***(woke me up, could not study/work, could not*** ***sleep)***  | **Possible explanation for nuisance noise** ***(People walking past, weather, other animals, sirens etc.)***  | **What were you doing when the nuisance started?** ***(watching TV, hanging out washing, reading a book)***  |
| **Start** | **Finish** | **Loud** | **Medium** | **Soft** |
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**Barking Dog Diary**



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| **Source of Noise** |
| **Street No:** |  | **Street Name:** |  |
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| **Date:**  | **Time** | **Duration**  | **Intensity** | **Type of noise:** ***(Barking, Howling,*** ***Scratching, etc)***  | **Effect on myself:** ***(woke me up, could not study/work, could not*** ***sleep)***  | **Possible explanation for nuisance noise** ***(People walking past, weather, other animals, sirens etc.)***  | **What were you doing when the nuisance started?** ***(watching TV, hanging out washing, reading a book)***  |
| **Start** | **Finish** | **Loud** | **Medium** | **Soft** |
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