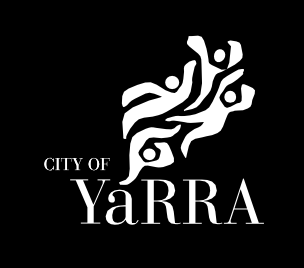
**Barking Dog Diary**



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**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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