REGIONAL DISTRICT OF CENTRAL OKANAGAN DOG CONTROL
BARKING DOG LOG SHEET

Dog Owner's Address:_____

Type of dog(s) or description of dog(s):_____

_____

Approximate number of dog(s):_____

Approximate length of time barking has be going on:_____

How does the barking cause a disturbance(i.e. sleep, health):_____

_____

Approximate distance from your home to the dog owner's home:_____

Approximate distance from your home to the dog's primary location:_____

DATE:	***TIME:(AM/PM)***	***DURATION OF BARKING***	***OTHER***

YOUR NAME(PRINT) **YOUR ADDRESS** **YOUR SIGNATURE**