

RIDGE REGIONAL PUBLIC SAFETY SERVICES

BARKING DOG QUESTIONNAIRE

Type of Residence: Single Dwelling Duplex Condominium Apartment

Number of dogs being reported:

Identify breed of dog(s), if possible: a: b:

What colour are the dogs: a: b:

When do the dog(s) bark: Time of day Day of week

Where, on the property, are the dog(s) located:

Can you observe the dog(s) barking? Yes No

Can you identify the offending dogs? Yes No

Can you identify when the owner is home: Yes No

Do(es) the dog(s) bark when the owner's away? Yes No

When is the owner usually home?

Have you extended the courtesy and discussed this with the owner? Yes No

If no, please explain why not:

Are you prepared to testify in court? Yes No

How long has the dog(s) resided at this address?

Complainant Information

Name:

Date of Birth

Address:

Phone Number:

Date:

Signature: _____

