District Council of
Loxton Waikerie

BARKING DOG COMPLAINT FORM

Complainant Details

First name:		Surname:	
Address:			
Contact number:		Email:	

Details of Barking Dog(s) – *Please provide as much detail as possible*

Property dog resides:	
Owners name (if known):	
Breed & colour of dog(s):	
Have you clearly seen dog(s) barking on the property?	☐ Yes ☐ No
Does the barking cause a nuisance to you?	☐ Yes ☐ No

When does the barking occur?

☐ Morning	☐ Daytime	☐ Evening	☐ Night
Midnight - 8am	8am - 6pm	6pm - 8pm	8pm – midnight

Prioritise (1-4)* the times which you consider the nuisance is at its highest.
**1 being at its highest and 4 being at its lowest*

Morning	Daytime	Evening	Night
Midnight - 8am	8am - 6pm	6pm - 8pm	8pm – midnight

How would you describe the barking?	☐ Howling ☐ Yapping ☐ Whining ☐ Growling ☐ Barking ☐ Other:
How long does each episode last?	
Approximately how many episodes over the course of a 24-hour day?	
Where can you hear the barking from?	☐ The street ☐ Your yard (front/rear) ☐ Inside your house

How does the excess barking affect you?

Have you attempted to discuss this with the dog(s) owner? ☐ Yes – how: ☐ No – why:	
Are you willing to work with Council and complete Barking Dog Diaries as requested?	☐ Yes ☐ No
I hereby declare that all details I have provided are true and correct. Name: _____ Signature: _____ Date: _____	