

**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

Below are a list of instructions to complete the attached Dog Noise Record Sheets and an example for you to follow.

Note: Sheets must be completed for a period of 7 consecutive days.

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| **STEP 1** | The Record Sheets are one day to a page – Fill in the date at the top of each page. |
| **STEP 2** | Fill in the time when barking commenced (Column A). |
| **STEP 3** | Fill in the time when barking (Column B). |
| **STEP 4** | Fill in the type of bark (Column C). |

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| 1. Howl | 1. Whine/Cry | 1. Bark – intermittent 4   to 5 times per minute | 1. Barking – repetitive more   than 10 times per minute |

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| **STEP 5** | Fill in how the noise has impacted on you (Column D). |
| **STEP 6** | Dog Noise Record Sheets MUST be completed for a period of 7 consecutive days. |
| **STEP 7** | Please sign each page of the Dog Noise Record and have them witnessed by a Justice of the Peace before returning to Council. |

**EXAMPLE FORM**

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| **Day 1:** Monday | | **Date:** 1/8/2013 | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
| 9am | 12pm | 2 | Couldn’t concentrate in my office |
| 4pm | 5pm | 3 | Couldn’t sit in the garden |
| 8pm | 10pm | 4 | Woke the baby |

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| **Complainants Details** | | **Witness Details**  **(must be a Justice of the Peace)** | |
| **Name:** | Mrs J Bloggs | **Name:** | Mr JP |
| **Signature:** |  | **Signature:** |  |
| **Date:** | 1/8/2013 | **Date:** | 1/8/2013 |



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| **Day 1:** | | **Date:** | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
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| **Complainants Details** | | **Witness Details**  **(must be a Justice of the Peace)** | |
| **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Date:** |  | **Date:** |  |



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| **Day 2:** | | **Date:** | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
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| **Day 3:** | | **Date:** | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
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| **Day 4:** | | **Date:** | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
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| **Day 5:** | | **Date:** | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
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| **Day 6:** | | **Date:** | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
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| **Day 7:** | | **Date:** | |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
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