

**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.

|  |  |
| --- | --- |
| **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). |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Howl
 | 1. Whine/Cry
 | 1. Bark – intermittent 4

 to 5 times per minute | 1. Barking – repetitive more

 than 10 times per minute |

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

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

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



**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

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

|  |  |
| --- | --- |
| **Day 1:**  | **Date:**  |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Complainants Details** | **Witness Details****(must be a Justice of the Peace)** |
| **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Date:** |  | **Date:** |  |



**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

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

|  |  |
| --- | --- |
| **Day 2:**  | **Date:**  |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

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

|  |  |
| --- | --- |
| **Day 3:**  | **Date:**  |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

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

|  |  |
| --- | --- |
| **Day 4:**  | **Date:**  |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

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

|  |  |
| --- | --- |
| **Day 5:**  | **Date:**  |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

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

|  |  |
| --- | --- |
| **Day 6:**  | **Date:**  |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**DOG NOISE RECORD**

DOG AND CAT MANAGEMENT ACT, 1995

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

|  |  |
| --- | --- |
| **Day 7:**  | **Date:**  |
| **A: Time Commenced** | **B: Time Ceased** | **C: Type of Noise** | **D: How did the noise impact you?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |