File No. _____
(Internal Use Only)

Fairview
Heart of the Peace

Barking Dog Complaint Questionnaire

Type of residence: ☐ Single Dwelling ☐ Duplex ☐ Apartment ☐ Basement Suite

How many dogs are being complained about? _____

What breed (approx.) is/are the dog(s)?

_____

_____

What colour is/are the dog(s)?

_____

_____

When does the majority of the barking nuisance specifically occur? (be specific – dogs do not bark continuously with out taking a break)

Time(s) of day: _____

Days of week: _____

Weekends: _____

(if you have audio recordings please share with bylaw at time of questionnaire review)

Where on the property is/are the dog(s) located? Are the animals kenneled, free running in fenced area, tied up and or kept in home?

_____

_____

Can you observe the dog(s) barking?	☐ Yes	☐ No
Can you identify the offending dog(s)?	☐ Yes	☐ No
Can you identify the owner of the offending dog(s)	☐ Yes	☐ No
Does the dog(s) bark when the owner is home?	☐ Yes	☐ No
Does the dog(s) bark when the owner is away	☐ Yes	☐ No
Is the dog(s) outside when the owner is away?	☐ Yes	☐ No

When is the owner usually away? _____

Have you discussed this with the dog(s) owner?	☐ Yes	☐ No

Results? _____

If not, why? _____

Are you prepared to testify in Court?	☐ Yes	☐ No

How long has the dog(s) resided at address (approx)? Months _____ Years _____

**Email completed forms to bylaw@fairview.ca or call 780-835-1063 to discuss further

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RECORD OF DISTURBANCE

Complainant

Name: _____

Address: _____

Phone: _____

Source of Disturbance

Dog Owner Name (if known): _____

Address: _____

Description of Dog: _____

Date	Time From – To	Possible Reason for Barking	Comments

**Email completed forms to bylaw@fairview.ca or call 780-835-1063 to discuss further. If further space is required for comments please attach to this document and include in email.