BURLINGTON ANIMAL CONTROL
200 Spielman Highway, Burlington CT
Katie Ierardi, Animal Control Officer
(860) 960-6600
ierardi.k@burlingtonct.us

Barking Dog Log

A separate log must be maintained for each specific residence.

Name (*required*)**:** _____ **Phone:** _____

Address of Complainant: _____

Address of alleged barking dog (*required*)**:** _____

Description of dog *(i.e.: breed, color, size)***:**_____

Complainants MUST be prepared to go to court and provide testimony if required.

Times must be exact.

Date: mm/dd/yy	**Barking Start Time** (hr:mm) am/pm	**Barking End Time** (hr:mm) am/pm	**Quantity of Barking Observations** (seconds,minutes,# of barks, how barking affects you, apparent cause of barking, etc.)	**Dog Seen** (Y/N)

Signature: _____ **Date:** _____