

Signature: _____

Vernon Animal Control

100 Windsorville Road, Vernon CT (860) 870-3558 Craig P. Segar, Animal Control Officer Jerold Casida, Assistant Animal Control Officer

			Barking Dog Log	
A separate l	og must be m	aintained for	each <u>specific</u> residence.	
Name (required): Phone:				
Address of	Complainant	:		
Address of	alleged barki	ng dog (requi	ired):	
Description	of dog (i.e.: b	reed, color, size	?) :	
	Complainan	ts <u>must</u> be p	repared to go to court and provide testimony if required.	
			Times must be exact.	
<u>Date</u>	Barking	Barking	Quantity of Barking Observations	Dog Seen?
mm/dd/yy	Start Time (hr:mm)	End Time (hr:mm)	(seconds, minutes, # of barks, how barking affects you, apparent cause of barking, etc)	Y/N
	am/pm	am/pm		

Date: _____