

## When to use this form

Use this form if you have a concern about excessive dog barking.

All dogs bark, but if you believe it is happening more often and more loudly than is reasonable, we can assist you by letting the owner know there may be an issue. In some cases the owner may not realise that the barking is causing a problem, particularly if it is happening when they are not home.

For further information on how the City manages these concerns please refer to our [website https://www.hobartcity.com.au/Residents/Pets-and-animals/Animal-complaints](https://www.hobartcity.com.au/Residents/Pets-and-animals/Animal-complaints).

## Location of barking dog

Where is the dog kept? It is important to tell us the exact location so we are able to help you.

Unit/street number Required

Street name Required

Suburb Required

## Details

When did you last hear the dog barking? Required

D	D	M	M	Y	Y	Y	Y
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**What time of the day does the barking occur? (Select 1 option)** Required

- night time
- day time
- both

**Does it happen every day? (Select 1 option)** Required

- yes
- no
- sometimes


**Is the owner at home when it happens? (Select 1 option)** Required

- yes
- no
- sometimes
- don't know

**How long has the barking been happening?** Required

**Please provide any further information that you think may be relevant.**

**Attach any supporting documentation**

 Please attach all files to the end of this form before submitting it.

If you need to send more than three files please email them to [coh@hobartcity.com.au](mailto:coh@hobartcity.com.au) and refer to the form receipt number, which is shown when you submit this form.

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## Personal details

Please note that your contact details are needed for our Animal Management Officers to act on this request and so we can keep you informed. This information remains confidential and is not disclosed to the owner of the dog.

**First name** Required

**Last name** Required

**Email address**

**Telephone number** Required

**Address** Required

**Postal address (if different to above)**

**Preferred contact method (Select 1 option)** Required

- email
- telephone
- Australia Post
- SMS

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## Declaration

**In submitting this form: (Select 1 or more options)**

I declare the information I have provided is true and correct. **Required**

I agree that by typing my name below I have signed this form. **Required**

**Name of signatory** **Required**

**Date** **Required**

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles, and protects personal information it collects please refer to the [Privacy Statement and Policy](https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement)  
<https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement>.

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*End of form*

*Don't forget to attach all files before submitting this form*