

Dog barking investigation request



City of HOBART

When to use this form

Use this form if you would like us to investigate a concern about excessive dog barking.

All dogs bark, but if you believe it is happening more often and more loudly than is reasonable, our officers can investigate. 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

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

Input placeholder

Street name Required

Input placeholder

Suburb Required

Input placeholder

Details

When did you last hear the dog barking? Required

D D M M Y Y Y Y

What time of the day does the barking occur? (Select one option) Required

- night time
- day time
- both

Does it happen every day? (Select one option) Required

- yes
- no
- sometimes

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

- yes
- no
- sometimes
- don't know

How long has the barking been happening? Required

Input placeholder

Please provide any further information that will help our Animal Management Officers investigate this problem.

Input placeholder

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 and refer to the form receipt number, which is shown when you submit this form.

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

Input placeholder

Last name Required

Input placeholder

Email address

Input placeholder

Telephone number Required

Address Required

Input placeholder

Postal address (if different to above)

Preferred contact method (Select one option) Required

- email
- telephone
- Australia Post
- SMS

Declaration

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

Name of signatory Required

Acknowledgement (Select one option) Required

by selecting this I acknowledge that I have signed this form

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>.

End of form

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