

DOG NOISE COMPLAINT

DOG & CAT MANAGEMENT ACT, 1995

Gawler

Please complete this form in BLOCK LETTERS and return to: Town of Gawler
Administration Centre, 43 High Street GAWLER EAST, or PO Box 130 GAWLER SA 5118

I, (insert your name)	
of (insert your address)	
Suburb / Post Code	/
Home Phone	()
Business Phone	()
Mobile	
Hereby state that a dog, which I believe to be a (insert colour and breed of dog if known):	

The dog has created noise as detailed on the Dog Noise Record Sheets of this complaint, and request that the Town of Gawler investigate this complaint.

The dog is believed to belong to a (insert owners name if known):	
The dog kept at (insert where dog is kept):	
Suburb / Post Code	/

If required, I am prepared to appear and give evidence as witness in a court of law, or inquiry as to the truth of this statement and complaint.

I further state that the information contained in this Dog Noise Complaint record and diary sheets is to the best of my ability a true and accurate record of events, and undertake to provide full and further information to the Council if required.

By signing this form you are indicating you are willing to attend Court and give evidence.			
Complaints Details		Witness Details	
Name		Name	
Signature		Signature	
Date		Date	
This section must be completed for an investigation to be undertaken.			

43 High Street, Gawler East
P.O Box 130, Gawler SA 5118
Ph: 8522 9211 Fax: 8522 9212
Email: council@gawler.sa.gov.au
www.gawler.sa.gov.au

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Please complete the following along with the Dog Noise Record Sheets to assist us in trying to resolve the noise complaint.

Have you approached the dog owner to discuss the problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If no, please give reason(s):

If yes, when and what action did that take?:

Has there been any improvements?:

During which times does the dog bark regularly?

12am - 7am <input type="checkbox"/>	7am - 12pm <input type="checkbox"/>	7am - 12pm <input type="checkbox"/>	7am - 12pm <input type="checkbox"/>	7am - 12pm <input type="checkbox"/>
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When does the dog bark?

Owners leave the property <input type="checkbox"/>	Owners are at home <input type="checkbox"/>
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Other ☐:

What is the dog barking at?

People passing the property <input type="checkbox"/>	Neighbours dogs, cats and/or children <input type="checkbox"/>
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Dogs passing the property <input type="checkbox"/>	Postman <input type="checkbox"/>
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When I am in my backyard <input type="checkbox"/>	Nothing <input type="checkbox"/>
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Other ☐:

What area of the property is the dog barking at?

Front <input type="checkbox"/>	Back <input type="checkbox"/>	Side of fence line <input type="checkbox"/>
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Other ☐:

When the dog barks what is it doing?

Runs along the fence at the <input type="checkbox"/>	Front <input type="checkbox"/>	Back <input type="checkbox"/>	Side of property <input type="checkbox"/>
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Jumps at the fence at the <input type="checkbox"/>	Front <input type="checkbox"/>	Back <input type="checkbox"/>	Side of property <input type="checkbox"/>
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Sits or stands in one spot ☐

Other ☐:

DOGNOISECOMPLAINT

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Amount of dogs involved.

How many dogs are involved?:

Does one dog bark more than the other?:

Does the barking increase when the dogs are playing/fighting?: Yes ☐ or No ☐

Can you give a description of the dog(s)?

Dog 1 - Breed:	Colour:	Sex: Male <input type="checkbox"/> or Female <input type="checkbox"/>
Dog 2 - Breed:	Colour:	Sex: Male <input type="checkbox"/> or Female <input type="checkbox"/>
Which dog is of more concern?: Dog 1 <input type="checkbox"/> or Dog 2 <input type="checkbox"/>		

Has the owner made attempts to stop the dog(s) from barking?: Yes ☐ or No ☐

If yes, when does this occur?	When the dog barks <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Not at all <input type="checkbox"/>
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What action do you think might solve the problem?

Other relevant information:

DOG NOISE RECORD

Gawler

Below are a list of instructions to complete the attached Dog Noise Record Sheets and an example for you to follow.

Note: Sheets must be completed for a period of 7 consecutive days.

Step 1	The Record Sheets are one day to a page - Fill in the date at the top of each page.		
Step 2	Fill in the time when barking commenced (Column A).		
Step 3	Fill in the time when barking ceased (Column B).		
Step 4	Fill in the type of bark (Column C).		
(1) Howl	(2) Whine/Cry	(3) Bark - intermittent 4-5 times per minute	(4) Barking - repetitive more than 10 times per minute
Step 5	Fill in how the noise has impacted on you (Column D).		
Step 6	Dog Noise Record Sheets MUST be completed for a period of 7 consecutive days.		
Step 7	Please sign each page of the Dog Noise Record and have them witnessed by a Justice of the Peace before returning to Council.		

Example Form

Day 1: Monday		Date: 30/04/2007	
A: Time Commenced	B: Time Ceased	C: Type of Noise	D: How did the noise impact you?
10pm	11.25pm	3	Kept me awake
5.30pm	6pm	4	Couldn't hear TV
7.30am	9am	2	Woke us up
Complaints Details		Witness Details (must be a Justice of the Peace)	
Name	example name	Name	example name
Signature	example signature	Signature	example signature
Date	01/01/2000	Date	01/01/2000

89 Murray Street. P.O Box 130, Gawler SA 5118

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