

CITY OF PORT LINCOLN

Number of Barks

Barking Dog Kit

Intermittent/

Constant

Total Barks

Please complete the following diary by recording the times the dog barks during the next seven (7) days. Example:

Time

9.00		9.05	18	Intermittent	
Day:					
Time Start	Number of Barks	Time Finished	Total Barks	Intermittent/ Constant	
Comments:					
Full Name:					
Address:					
Signature:			Date:/	/	



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Address:			Date:/	1	
Jigilatul E			Date:/	/	



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