



Citrus Heights Police Department
 Animal Services Division
 6315 Fountain Square Dr.
 Citrus Heights, CA 95621
 (916) 725-7387 (PETS)
 www.citrusheights.net

Incident.: _____

Barking Dog Log

Make log entries on consecutive days. Please indicate dates & time of barking incidents and include days when no barking was observed. This log serves as a record of your observations; it will be used to support your testimony at an Administrative Hearing, should one be necessary. For additional logs, you may make a photocopy of blank log. When you have completed your log, please sign, date and mail/deliver to:

Citrus Heights Animal Services, 6315 Fountain Square Drive, Citrus Heights, CA 95621.

Address of Animal: _____

Date	Day of Week	Time Start (AM/PM)	Time End (AM/PM)	Remarks	Weather
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear
					<input type="checkbox"/> Rain <input type="checkbox"/> Clear

Make log entries on ten consecutive days and make note if no barking is heard on any of these days.

I certify under penalty of perjury, the above dates, times and remarks documented are true and correct to the best of my knowledge.

Signature

Date

Printed Name

Phone

Street Address

Zip Code