CITY OF CHULA VISTA | ANIMAL CARE FACILITY

Barking Dog Complaint Form

Complainant Information

Last Name First Name

Address City CA Zip Code

Telephone Number

Barking Dog Information

Owner's Last Name First Name

Address of Barking Dog (s) City CA Zip Code

Telephone Number

Date of Violation: (MM/DD/YY) Barking Duration From: (am/pm) To: (am/pm) Check One: Incessant Intermittent

Description of Barking Dog (s) (if known)
Breed: Color: Size: Male/Female

Have you attempted to contact the dog(s) owner or any other Responsible Party? ❒ Yes ❒ No
If yes, name the party contacted and the date:

What Happened?

Date: **Signature:**

Please mail completed form to: CVACF 130 Beyer Way, Chula Vista, CA 91911
www.CVACF.org