



Snohomish County Animal Services
A Division of the Auditor's Office

Garth Fell
County Auditor

Debby Zins
Animal Services Manager

Barking Dog Complaint Form

Case #: _____

Complainant Information

| | |
|---------------------|-------------------|
| Name (required): | Phone (required): |
| Address (required): | Email (required): |

| | |
|----------|--------|
| Name: | Phone: |
| Address: | Email: |

| | |
|----------|--------|
| Name: | Phone: |
| Address: | Email: |

Owner Information: Complainant MUST be able to identify the address where the barking dog is located.

| | |
|-------------------------------|-------------------|
| Name of Dog Owner (if known): | |
| Address (required): | |
| Phone Number (if known): | Email (if known): |

Identify Pet(s)

| | |
|--------------|--------|
| Name(s): | Breed: |
| Description: | |

