



**BERNESE MOUNTAIN DOG CLUB OF SOUTHERN CALIFORNIA
RESCUE ADOPTION APPLICATION**

Name: _____ Date: _____

Address: _____

Phone (Home): _____ Cell: _____

E-Mail: _____

Referred to BMDSC by: _____

Veterinarian: _____

Type of Home Dwelling:

Own: Rent: House: Condo: Apt:

Do you have a yard? Yes No Do you have an enclosed fence? Yes No

If Yes, what type and how high? _____

Please describe why you want a Bernese Mountain Dog; what are you interested in doing with your dog?

Have you ever owned a dog before? Yes No

If so, which breeds? _____

Do you currently have other animals? Yes No

Please list type, breed and number: _____

What do you feed your dogs (brand & protein): _____

Do you have children in the home? Yes No

If Yes, Please list with ages _____

Is someone home during the day? Yes No

Where will the dog be during the day? _____

Where will the dog be at night? _____

Do you have a gender preference? Male Female No Preference

Do you have an age preference? No Yes _____

I am ok with a dog that is/has: shy or fearful boisterous/untrained orthopedic issues
 senior/over 7 not good with dogs Puppy or Not yet housetrained

What type of collar or harness have you used on your dogs? Please specify

Do you have a trainer you have used in the past? Who? _____

It is our practice to conduct home visits prior to approving adoption applications:

Are you willing to have a member of the BMDCCSC Rescue Committee visit your home prior to adoption? Yes No

Are you willing to accept follow-up phone calls and/or home visits after adoption? Yes No

Do all family members want a dog? Yes No

Who will be responsible for the dog's care?

What are the occupations of the adults in the home?

How many hours per day will the dog be left alone? _____

When alone, where will the dog be kept? _____

What will you do with the dog if you go out of town or go on vacation?

Will you agree and commit to returning the dog to the BMDSC Rescue Program should anything prevent you from keeping the dog?

Yes No

Do you have any additional comments or information you want to share?

*It is our practice to require a donation to our Rescue for our dogs; in lieu of charging a specific fee for adoptions, we set minimum donation levels for our dogs depending on their age, and expense for their care and rehabilitation. Puppies and young healthy dogs 3 years and under start at a **minimum \$1,000 donation**. We value these dogs greatly; the more we spend on their medical care, rehabilitation, and training, the greater the dog they can be. Be aware that we expect adopters who value these dogs as much as we do.*

Signature:

Please return completed form to:

Rachel Finlay
2 Roundtree Court
Aliso Viejo, CA 92656
949-246-1657
rachel_finlay@yahoo.com