***BERNESE MOUNTAIN DOG CLUB OF SOUTHERN CALIFORNIAADOPTION APPLICATION***

|  |  |  |  |
| --- | --- | --- | --- |
| *Name:* |  | *Date:* |  |

|  |  |
| --- | --- |
| *Address:* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Phone (Home):* |  | *Cell:* |  |

|  |  |
| --- | --- |
| *E-Mail:* |  |

|  |  |
| --- | --- |
| *Referred to BMDCSC 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?*

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| --- | --- | --- | --- | --- | --- |
| *Have you ever owned a dog before?* | | *Yes* | 🞏 | *No* | 🞏 |
| *If so, which breeds?* |  | | | | | |
|  |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Do you currently have other animals?* | *Yes* | 🞏 | *No* | 🞏 |

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| --- | --- | --- |
| *Please list type and number:* |  | |
|  |  | | |
| *Do you have children in the home?* | *Yes* | 🞏 |
|  | *No* | 🞏 |
| *If Yes, Please list with ages* |  |  |
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| --- | --- | --- | --- | --- |
| *Is someone home during the day?* | *Yes* | 🞏 | *No* | 🞏 |

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| --- | --- |
| *Where will the dog be during the day?* |  |
| *Where will the dog be at night?* |  |

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| --- | --- | --- | --- | --- |
| *Do you have a gender preference?* | *Male* | 🞏 | *Female* | 🞏 |
|  | *No Preference* | 🞏 |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Are you willing to have a member of the BMDCSC Rescue Committee visit your home prior to adoption?* | *Yes* | 🞏 | *No* | 🞏 |

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| --- | --- | --- | --- | --- |
| *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 are called out of town or go on vacation?* |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Will you agree and commit to return the dog to the BMDCSC Rescue Program should anything prevent you from keeping the dog?* | *Yes* | 🞏 | *No* | 🞏 |

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

|  |  |
| --- | --- |
| *Signature:* |  |

*Please return completed form to:*

*Rachel Finlay*

*2 Roundtree Court*

*Aliso Viejo, CA 92656*

*949-246-1657*

*rachel\_finlay@yahoo.com*