



**BERNESE MOUNTAIN DOG CLUB OF SOUTHERN CALIFORNIA
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 and number: _____

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

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 are called out of town or go on vacation?

Will you agree and commit to return 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?

Signature:

Please return completed form to:

*Kathy Gray
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Fullerton, CA 92833
714-738-8099
bernerwd@aol.com*