



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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Referred to BMDSCS 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?

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Do you currently have other animals?

Yes  No

Please list type and number:

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Do you have children in the home?

Yes

No

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If Yes, Please list with ages

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Is someone home during the day?

Yes  No

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 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?

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*What are the occupations of the adults in the home?*

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

*When alone, where will the dog be kept?*

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

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*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?*

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*Signature:*

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*Please return completed form to:*

*Kathy Gray  
937 North Valley View Place  
Fullerton, CA 92833  
714-738-8099  
bernerwd@aol.com*