Please complete this form if you would like to be considered for possible adoptions. When a new dog enters our rescue program, we generally look at the last 6 months of applications.

Name(s)

    Original Application   Updated Application

Address   Home Phone   Cell Phone

City ST Zip   E-Mail

Type of home? (house, condo, apartment, etc.)   Do you rent or own your home?   Rent   Own

Does everyone in household want a Bernese Mountain Dog?   Yes   No   Are you willing to have a home visit by a BMDCR member prior to adoption?   Yes   No

How many children or grandchildren are typically in the household and what are their ages?

Do you have other animals?   Yes   No   If yes, what kind of animals?

Will the dog have access to a secure fenced area?   Yes   No   If yes, describe type/height of fence.

Is there heavy shade available all day in the fenced area?   Yes   No   On average, how many hours will the dog be alone during the day?

Where will the dog be kept during the day?   Where will the dog be kept during the night?

Is there someone at home during the day?   Yes   No   If not, can someone come home during the day to check on the dog and het him/her out?   Yes   No

Why do you want a Bernese Mountain Dog?

Why do you want a dog from the rescue program rather than from some other source such as a breeder?

Do you prefer a male or female rescue dog?   Male   Female   No Preference
Specifying no preference will increase your chances.   Would you like to be contacted about the availability of a BMD mix?   Yes   No

What activities to you plan to do with your dog?

Are you aware of the health problems of BMDs?   Yes   No   If so, name two prominent health problems.

Are you willing to adopt a dog with special health care needs?   Yes   No   Are you willing to adopt a dog with behavioral problems?   Yes   No

Have you owned a dog before?   Yes   No   If yes, what breed(s)?

How much do you anticipate it costs to care for a BMD per year?   Who is your current veterinarian?

Have you ever surrendered a dog to a rescue program, pound, or shelter, or place a dog you owned in another home?   Yes   No   If yes, what were the circumstances?

I declare that this application is true, correct, and complete to the best of my knowledge and belief. My typed name below serves as my signature.

Typed Name   Date