

APPLICATION FOR ADOPTION

NorCal Bernese Mountain Dog Rescue
PO Box 3405 Bowman, CA 95604-3405

Norcal Bernese Mountain Dog Rescue
reserves the right to refuse any application
without providing reasons to the applicant
for such refusal.



NorCal Bernese
Mountain Dog Rescue

Date



Day

Month

Year

TELL US ABOUT YOURSELF

Name:

Present Address (Residence):

City: _____ State, Zip: _____

Phone (Home): _____ Phone (Work): _____

E-mail: _____ Best way to contact you: _____

1. Type of Dwelling: House ☐ Condo ☐ Apartment ☐

2. How long have you lived at your present address: _____

3. If less than two years please give previous address: _____

4. If renting, please give name, address and telephone number of landlord:

Name: _____ Address: _____

Phone (Home): _____ Phone (Work): _____

5. How many people are in your household? _____

If you have children, please list their ages. _____

6. Is everyone in your family in agreement about adopting a rescued Bernese Mountain Dog? Yes ☐ No ☐

7. Do you have a fenced yard or suitable pen? Yes ☐ No ☐

Please describe in detail. _____

8. Who will be the primary care giver?

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9. Where will the BMD be kept during the day?

10. Where will the BMD be kept during the night?

11. How many hours on the average will the BMD be left alone?

12. Have you ever owned a dog before? If so, what kind(s).

13. Have you ever housetrained a dog before? Yes ☐ No ☐

14. Have you ever crate-trained a dog before? Yes ☐ No ☐

15. Will you be attending any training classes? Yes ☐ No ☐

If yes, where?

16. Does anyone in your household have allergies to animals? Yes ☐ No ☐

If yes, to what and how severe? _____

17. Please tell us a little about the activity level of your household. _____

18. Is anyone home during the day? Yes ☐ No ☐

19. Will there be someone available to feed and exercise the BMD during the day? Yes ☐
No ☐

20. Do you have any other animals? Yes ☐ No ☐ If yes, please provide details.

21. Have you ever brought an animal into a shelter? Yes ☐ No ☐

If yes, why. _____

22. Name, address and phone number of your veterinarian.

Name: _____

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Address: _____

Phone: _____

23. What is the ideal time of year for you to acquire a BMD?

24. How did you first learn about Bernese Mountain Dogs and what made you decide to acquire one?

25. How did you hear about BMD Rescue of Northern CA?

26. Are you aware that these dogs come to us through rescue situations and we are unable to tell you any health history about the family of these dogs? Yes ☐ No ☐

27. Are you willing to make a contribution of at least \$300 to BMD Rescue and Rehome of Northern CA relating to his/her adoption/medical fee's? (Our adoptions can range from \$300-\$800). Yes ☐ No ☐

28. How far are you willing to drive to pick up a dog?

29. If you are not willing or are unable to drive the full distance to where the dog is being fostered, are you willing to pay the cost of gasoline to transport the dog from the foster home to either your home or to an agreed upon destination in between? Yes ☐ No ☐

30. Do you understand that you will be asked to abide by the BMD Rescue and Rehome of Northern CA. Adoption Contract if your application is approved? Yes ☐ No ☐

31. Please provide us with a list of three references including their phone numbers and best time to reach them.

Name _____ Address _____

Phone _____ Best time to reach them _____

Name _____ Address _____

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Phone _____ Best time to reach them _____

Name _____ Address _____

Phone _____ Best time to reach them _____

Tell us about the BMD you are looking for:

1. Do you have a particular rescue Berner you wish to adopt? _____
2. Are you interested in a male or female? Male ☐ Female ☐ No preference ☐
3. What is the ideal age range that you would consider adopting? _____
4. What characteristics are you looking for in a BMD? _____

What else would you like the BMD Rescue Northern CA Adoption Committee to know

Please add any additional comments or questions below or on the back of this page.

You may either send this form by US Postal mail or email the completed PDF adoption application to:

NorCal Bernese Mountain Dog Rescue **or** rescue@bmdrescueca.org
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