

# APPLICATION FOR ADOPTION

NorCal Bernese Mountain Dog Rescue  
220 Foster Ln. Dixon, CA 95620



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 \_\_\_\_\_

Chairman / Managing Director \_\_\_\_\_

## 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? \_\_\_\_\_

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 ☐



# APPLICATION FOR ADOPTION

NorCal Bernese Mountain Dog Rescue  
220 Foster Ln. Dixon, CA 95620



NorCal Bernese  
Mountain Dog Rescue

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

21. Have you ever brought an animal into a shelter? Yes No If yes, why.

20. Do you have any other animals? Yes No

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 \_\_\_\_\_ 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 and Rehome 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? \_\_\_\_\_

# APPLICATION FOR ADOPTION

NorCal Bernese Mountain Dog Rescue  
220 Foster Ln. Dixon, CA 95620



NorCal Bernese  
Mountain Dog Rescue

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 \_\_\_\_\_

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

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 and Rehome of 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](mailto:rescue@bmdrescueca.org)  
220 Foster Ln., Dixon, CA 95620