



**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?*

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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:

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Do you have children in the home? Yes

No

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?

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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?

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?

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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 BMDSCC 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:*

*Chris Delapp  
2827 Chatsworth Blvd.  
San Diego, CA 92106  
312-898-0355*