

Bernese Mountain Dog Club



of the Greater Twin Cities

Bernese Mountain Dog Club of the Greater Twin Cities
Adoption/Foster Application

Name(s):

Date:

Address:

Home Phone #:

Work Phone #

E-mail address:

Interested In: Adoption Foster Either
 Purebred Mixed Breed Either
 Male Female Either

Ages of dog you would consider (check as many as apply)

Under 1 yr 1-3 yrs 3-6 yrs Over 6 yrs

Would you consider a special needs dog? Yes No

1. Occupation (include spouse or s/o):
2. Hours of work (include spouse or s/o):
3. Do you have children at home? Yes No If yes, please provide ages:
4. Why do you want a BMD?
5. Have you ever owned a BMD before? Yes No If yes, when:

6. Other dogs owned (please list additional dogs on a second sheet):

Name	Breed	DOB	Sex

7. Any other pets at home? Yes No If yes, please describe:
8. Do you have a fenced yard? Yes No If yes, please describe type:
9. Where do you intend to keep the dog? Indoors Outdoors Please elaborate:
10. Does anyone in your house have pet/animal related allergies? Yes No If yes, please explain:
11. Are you willing to let us visit your home? Yes No
12. Are you agreeable to returning the dog, should some unforeseen circumstance arise wherein you would no longer be able to keep it? Yes No

Applicant signature(s) _____ Date _____

_____ Date _____