

Bernard's Place Rescue

Adoption Application

Please fill out and email to rescue@bernardsplace.com

Today's Date: _____

How did you hear about this dog? _____

Name or type of dog you want to adopt _____

Male or Female _____

Breed: _____ Age: _____

Color: _____

Your name: _____

Phone/cell: _____

Spouse/partner/roommate: _____

Address: _____

Email: _____

Number of people currently living in the household: _____

Ages of children in household: _____

Do you own: house townhome trailer farm
 other (specify) _____

Do you rent: house townhome apartment Farm
 other (specify) _____

Are you allowed to have a dog? _____ Size limit? _____

How much is the pet deposit? _____

What is the additional monthly charge per pet? _____

Property Manager Name: _____

Phone # _____

Will this dog be kept.... ___ Inside ___ Outside ___ Inside/outside _____

Is your yard completely fenced? ___ What type of fencing? _____

How high is the fence? _____ ~~At~~ the fence and gate secure? _____

Where will the dog stay-at night?

-when you are at work?

-when you are out of town or during an emergency?

How many hours during the average day will your dog be alone? _____

If you move, what will you do with your dog? _____

References (Not living with the applicant)

1. Name _____

Phone/cell _____

2. Name _____

Phone/cell _____

Please tell us why you would like to adopt a dog?

Did your entire family agree on the adoption of this dog?

Yes _____ No _____

Will the whole family share in the care of this dog?

Yes _____ No _____

Is there any member of your household who is allergic to dogs?

Yes _____ No _____

Are there any children that visit your home frequently?

Yes _____ No _____

If Yes, ages: _____

Are there any regular visitors to your home, human or animal, with which your new dog must get along? Yes _____ No _____

Please briefly explain: _____

Have you ever given away or surrendered a pet? Please explain:

List the pets you have owned in the past 5 years and what happened to them: _____

Are/were all your animals spayed or neutered? _____

If not, why not? _____

Name of the vet you took/take your pet to: _____

Phone# _____

May we have your permission to request information from your veterinarian?

Yes _____ No _____

How much do you think it costs per year to care for a St. Bernard including food, vetting, etc.? _____

What kind of behavior do you find unacceptable?

If the dog has problems with behavior what will you do about it?

I give permission for a representative of Bernard's Place Rescue to verify the above information.

Signature of Applicant _____