



Lone Star Bernese Mountain Dog Rescue **ADOPTION APPLICATION**

The answers you give on this application will help us find the best possible match between you and the Bernese Mt Dogs available through Lone Star BMD Rescue, Inc (LSBMDR). Although it is lengthy we ask that you please fill out the form completely, do not use staples, and return to the address listed at the end of the form. Please include area codes with all phone numbers. One of our representatives will be contacting you shortly after we receive your paperwork. The actual adoption fee will be determined by the LSBMDR. These fees somewhat cover the costs minimally accrued for the dogs. We reserve the right to refuse an application.

Complete all questions and write N/A for those which do not apply. PLEASE use back of paper if more room is needed, and enclose photos if needed for clarification. Thank You!

Your Name:

Spouse's Name:

Your street address/City/State/Zip:

Home Phone/Work Phone with best time to call:

E-mail Address:

Your occupation:

Spouse's occupation:

A personal reference with phone:

ABOUT YOUR HOUSEHOLD

1. Age and sex of children in household:
2. Are there any other residents in the house?
3. Do you currently have other pets/animal companions? If so, please list type and ages of all current pets. Please include age, breed, sex and if spayed or neutered.

4. Are there other people or pets that regularly visit your home (mother's dog, neighborhood children, relatives, etc). If Yes please describe:

5. Are all family members in complete agreement to adopting, caring for, and training a Bernese.

6. Do any family members have allergies to pets?

7. I consider myself an: experienced somewhat experienced novice dog owner.

8. When is it a good time to come for a house visit?

ABOUT YOUR HOME

1. What type of home do you live in? (condo/town home/trailer/single family/other)?

2. How long have you lived at your current address?

3. If less than one year, give previous address.

4. Do you own your home or do you rent?

5. If you rent, do you have permission from your landlord to keep the dog? If yes, please include a copy of that agreement.

6. Your landlord's name and phone number.

7. Do we have permission to contact your landlord?

8. Do you have a "doggie door"?

9. Is your yard fenced? Please describe your fencing. (height/materials)

10. Does it completely enclose a yard for the dog?

11. Do you have acreage?

12. Do you have a separate kennel run?

13. Do you have a swimming pool or spa? Is it fenced? What type of fencing?

14. Do you realize that most BMD's do not enjoy swimming and if you have unfenced pool the BMD may fall in and very likely drown?

YOUR EXPERIENCE WITH PETS

1. If you currently do not have a pet, have you owned a dog before? What breeds? What happened to your previous dogs?
2. Have you ever had to relinquish a dog? What were the circumstances?
3. Under what circumstances would you ever relinquish a dog?
4. Have you ever bred a dog?
5. Have you previously owned a Bernese Mt Dog?
6. Are you familiar with the Bernese Mt Dog breed?
7. Have you read any books or articles on this breed?
8. Why are you interested in the Bernese Mt Dog breed?
9. If you own a pet, or have owned a pet before, may we contact your preferred veterinarian?
10. Veterinarian's name and phone number?

THE PERFECT BERNESE MT DOG FOR YOU

1. What sex dog do you prefer? Male Female?
2. Do you have an age preference? Why?
3. Are you willing to adopt a dog who is mostly a BMD mix?
4. What do you expect in a Bernese Mt Dog companion? (Protection, friendship, child's friend, appearance, obedience, agility, other?)
5. Would you be willing to adopt a dog with previous health problems if full explained to you?
6. Please check all of the following that apply: I would like a dog that...
 Quiet Playful with people Playful with dogs Moderately active
 Very active

It is OK if the dog is:

- | | | |
|--|--|---|
| <input type="checkbox"/> shy | <input type="checkbox"/> Not good with cats | <input type="checkbox"/> not good with other dogs |
| <input type="checkbox"/> dependant on people | <input type="checkbox"/> independent from people | <input type="checkbox"/> untrained |
| <input type="checkbox"/> somewhat untrained | <input type="checkbox"/> not housetrained | <input type="checkbox"/> in need of medical attention |

7. What canine traits are the most displeasing to you?

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Drooling | <input type="checkbox"/> Odor | <input type="checkbox"/> Jumping on people |
| <input type="checkbox"/> Barking | <input type="checkbox"/> Chewing | <input type="checkbox"/> Digging |
| <input type="checkbox"/> Excessive shedding (all BMD's shed) | | |

8. Would you be willing to adopt more than one dog?

9. Our rescues are often located throughout the state. In order to be considered for a particular dog you must be willing to drive to where the dog is located.

CARING FOR YOUR BERNESE MT DOG

1. Who will become the primary caretaker for the dog?
2. How long is this person gone each day from the home?
3. Where will the BMD sleep at night?
4. Where will the BMD be housed during the day when you are away from the home?
5. Where will the BMD be housed when you are home during the day?
6. How often do you travel?
7. When you travel where will the BMD be boarded? (kennel, friend's house, trainer, groomer, vet?)
8. How will you transport the dog in a vehicle?
9. How will you exercise the BMD?
10. How much responsibility will the child be given in the care of the dog?
11. How much adult supervision of dog and child will be given?
 Total Some Minimal None N/A

12. With neighborhood children?

- Total Some Minimal None N/A

13. How much have you budgeted for the total yearly expenses for your dog?
(vaccinations, heartworm prevention, food)

14. If your dog swallowed a sock and the veterinarian told you it needed an operation that would cost \$1200, what would you do?

15. Do you agree to contact LSBMDR if you can no longer keep this dog?

TRAINING YOUR DOG

1. Will you agree to take the dog to obedience classes if recommended by the adoption coordinator?

2. Have you ever completed an obedience class with a previous dog?

3. Do you understand that some of the rescues will come with minimal training and may need a large amount of patients?

4. Are you agreeable to crate training? Why or why not?

OTHER ITEMS

How did you hear about LSBMDR?

GENERAL AGREEMENT

I am at least 18 years of age. All of the information I have given is true and complete. Should an unaltered dog be placed with me, I agree to have it neutered within one month of adoption or a date agreed upon in the Terms of Adoption Contract signed at the time of adoption. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training affection and medical care. I understand that the LSBMDR is a referral service and is not responsible for the accuracy of information received about the temperament, habits, or physical condition of dogs available for adoption. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it.

I acknowledge that there are many risks associated with being around dogs, including the risks of being bitten, scratched, jumped upon, knocked over, chased, tripped, infected with a disease, injured or frightened, and I voluntarily assume such risks on behalf of myself, my children and my guests. Despite my knowledge of these risks, and despite the fact

that I understand that these risks might arise out of the negligent handling of animals by LSBMDR, its members, directors or officers, I have voluntarily agreed to participate in the LSBMDR adoption program, and fully accept the risks that go along with that participation. With these risks in mind, I agree to waive, release and covenant not to sue over any and all rights or claims for damages which I or my heirs may have against the LSBMDR, it members, directors, and officers, arising from any property damage or personal injury which I, my children, and my guests might sustain as a result of participating in the adoption process, even though such rights of claims might arise out of negligence of LSBMDR, it's members, directors or officers. This waiver is binding upon myself, my children and my guests. I agree to inform my guests of the existence and contents of this waiver.

I hereby grant LSBMDR the right of first refusal for any dog I adopt through LSBMDR. I will not relinquish ownership, abandon, or dispose of such a dog in any way without first contacting the LSBMDR and allowing the organization the opportunity to exercise its right of first refusal. In exercising its right of first refusal, I agree that the LSBMDR may repurchase the dog from me for the price I paid LSBMDR for the dog, not including the portion of the adoption fee that represents the charitable contribution.

I am in full agreements with these terms of adoption.

Applicant's Signature

_____ Date _____

Spouse's Signature

_____ Date _____

Thank you for your interest in Lone Star BMD Rescue. We appreciate the time it took to fill out this application.

Mail to:
 Lone Star BMD Rescue, Inc
 Dawn F. Letry
 135 Double Oaks Drive
 Double Oak, Texas 75077-8266