

APPLICATION FOR ADOPTION



Applicant		Co-Applicant	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
I/We are interested in (check all that apply):			
<input type="checkbox"/> Puppy	<input type="checkbox"/> Older/Rescue Dog	<input type="checkbox"/> Companion	<input type="checkbox"/> Therapy <input type="checkbox"/> Breeding
<input type="checkbox"/> Showing/Conformation		<input type="checkbox"/> Obedience/Rally <input type="checkbox"/> Dog Sport (agility, drafting, etc.)	
<p>Do you live in a <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment</p> <p>Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how tall is your fence? _____</p> <p>Do you <input type="checkbox"/> Own or <input type="checkbox"/> Rent</p> <p>Please note - If you rent and/or live in a condominium, you will be required to provide a letter from your landlord and/or condominium association with approval for a dog of this size.</p>			
Age of Primary Caregiver? <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 55 or older			
Do you have any children at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are their ages? _____			
Do you allow smoking and/or vaping in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Does anyone in your home have asthma or allergies to dogs, or any other animals? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>			

What is your work schedule? How many days/week, and hours/day will you be away from home?
Where will your dog stay while you are at work/out for the day?
How long will your puppy be alone during the day? _____ Do you have someone to let the puppy out while you are at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Who will be responsible for the dog while you are on vacation?
Please tell us about your family's interests & hobbies. (This will help us select a puppy that matches your lifestyle.)
Please list any current pets, including age/breed.
Please list any pets you have owned in the past, and the reason they are no longer with you.
Have you ever had to euthanize a pet in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain reasons.
Have you ever had to surrender a pet in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain reasons.
Have you ever owned a Bernese Mountain Dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why would you like a Bernese Mountain Dog?

The four basic needs of dogs fall under the categories of Environmental, Nutritional, Maintenance & Behavioral. Tell us how you plan to meet each of those needs and what you expect the monthly cost associated with each will be.

Bernese Mountain Dogs are a double coated breed and require grooming tailored to their heavy coats. BMD should be brushed regularly (weekly at minimum).

How much time are you able to commit to grooming at home?

The heavy double coat serves to keep the BMD warm in cold weather, but also cool in hot weather. A double coated dog should never be shaved except when necessary for a medical procedure. Do you agree to refrain from shaving your BMD. ☐ Yes ☐ No

Bernese Mountain Dogs are a working breed of dog that require daily exercise and training.

How much time are you able to commit to exercise each day?

Please describe the training methods you are familiar with and plan to use with your new puppy.

How much time are you able to commit to training your new puppy?

How do you plan to socialize your BMD puppy?

Do you plan to attend any puppy or obedience classes? ☐ Yes ☐ No

Where?

Nutrition plays an integral role in the overall health of your Bernese Mountain Dog.

What do you plan to feed your BMD?

Behavioral issues can arise with any dog. Some examples are barking, mouthing, biting, destruction of furniture and/or toys, pulling on leash, separation anxiety, etc.

Tell us what steps you would take to prevent or overcome these challenges.

<p>Do you have a regular veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide your veterinarian information:</p> <p>Name: _____ Clinic: _____</p> <p>Address: _____</p>	
<p>Are you aware of the health issues related to this breed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you willing to carry out important health testing and certifications on your puppy and provide us with a copy of the results? (OFA hips, elbows, eyes, SOD1-A, SOD1-B, vWD) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you familiar with BernerGarde Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you willing to submit health information on your BMD to this database to assist with tracking the overall health of the breed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Are you prepared to spay or neuter your BMD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At what age do you plan to spay or neuter? _____</p> <p>If delaying spay/neuter please explain why, and your plan to prevent pregnancy, and/or protect your female during estrus.</p> <p>Have you ever owned an intact dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Would you prefer <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference Why?</p> <p>Are the markings important to you? <input type="checkbox"/> Yes <input type="checkbox"/> No Why?</p> <p>If yes, is your preference <input type="checkbox"/> Little White <input type="checkbox"/> Moderate White <input type="checkbox"/> Large amount of white</p>	
<p>What are you looking for in a puppy?</p>	
<p>Why would you be a good home for one of our puppies?</p>	
<p>Are you willing to provide us with updates on your puppy's progress and any setbacks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you read any books on Bernese Mountain Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No Which ones?</p>	

Do you belong to any Bernese Mountain Dog groups? <input type="checkbox"/> Yes <input type="checkbox"/> No Which ones?
Are you willing to come visit the puppies in person and to meet dam and/or sire? <input type="checkbox"/> Yes <input type="checkbox"/> No
With Mondia Bernese, you will have support for your dog's entire lifetime. If for any reason you are unable to keep your BMD, do you agree to return the dog to us and not to sell, rehome or surrender to a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any questions that you have for us?

Thank you for taking the time to fill in this form. The answers you provide will help us to choose the right puppy for you and your lifestyle.