Daybreak Acres Bernese Dog Adoption Questionnaire

Full Name:	Email:		_
Phone:	Can you receive texts	on this number?	
Address:			
City, State, Zip:			
	household by name and approx	J	
	old suffer from pet allergies (inc		re a medical condition that
If yes, please explain:			
List all household pets by nar	ne, species, gender, approximat	e age and describe	their temperament:
	use with a yard or without a yai		
Do you have a SECURE fenceoplay?	d in area for a dog, where the do	og can run freely for	elimination, exercise and
What are the work schedules	for the adults in the home?		
_	will your dog be left home alone		
	al activities/hobbies on your tir		

We love puppy updates & pictures – It helps our program to show other puppy owners grown pups & happy families. We also appreciate reviews

Thank you for taking the time and effort to fill out our Puppy Questionnaire.