

### Adoption Home Questionnaire

Please return this completed form to:

**California Rescue and Rehome Service, 3631 Mark West Station Road Windsor CA 95492**

[rescue@bmdrescueca.org](mailto:rescue@bmdrescueca.org)

**PERSONAL CONTACT INFORMATION:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Occupation(s) \_\_\_\_\_

**HOUSEHOLD PROFILE:**

What kinds of dogs have you previously owned? \_\_\_\_\_

What animals do you currently own? \_\_\_\_\_

List your current veterinarian's name and address. \_\_\_\_\_

Do you have children? Age(s) \_\_\_\_\_

Are there other adults living in your home? Any with previous experience with a large breed in the home? If so, which breed(s)? \_\_\_\_\_

Why do you want an R&R Dog? What attracts you to this breed? \_\_\_\_\_

What kind of companionship will this dog have? \_\_\_\_\_

If you work outside the home, where will the dog be left while you are away? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Will you agree to neuter the animal? \_\_\_\_\_

I welcome a visit by R&R staff relative to adopting a dog.

Signature(s)

Date

**Adoption Agreement** [copies to file and adoptive family]

DESCRIPTION OF BERNESE MT. DOG (BMD):

Name:	Sex:
Birthdate or Estimated Age:	
Breeder:	
Reg # (AKC/other):	
Microchip #:	Other:

I understand and agree to accept the following conditions and restrictions in order to adopt the dog described above from the California Rescue and Rehome Service (R&R):

1. provide this dog a loving home and to accept this dog as a member of the family; provide proper food, fresh water, adequate exercise and safe shelter at all times;
2. provide veterinary care, including all vaccinations and medical tests required to maintain good health;
3. understand the neutering agreement;
4. comply with all state and local laws and ordinances relating to the keeping of this dog, including licensing and leash laws;
5. the R&R has no further responsibilities for this dog, medical or otherwise;
6. cooperate with having a necropsy (autopsy) performed for the R&R at the time of death;
7. notify the R&R if I am unable, for any reason, to keep this dog. I will not relinquish this dog to another party without the knowledge and written permission of the R&R. Written permission will be in the form of a fully executed Adoption form;
8. ensure that this dog wears obvious identification at all times;
9. removal of this dog from my home if there has been a violation of this adoption agreement;
10. understand that registration documents will be held by R&R for thirty days, after which the adoption will be considered complete;
11. payment of \$ \_\_\_\_\_ fee.

AGREED AND ACCEPTED:

Signature of Adopter: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Signature of R&R Service: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_