

Three Rivers Bernese Mountain Dog Club, Inc.
TRBMDC Rescue Committee

Questionnaire for Prospective Adoptive Families

Thank you for your interest in becoming an adoptive family with the TRBMDC rescue program.

For an adoption to be successful, we need to make sure the appropriate match is made taking into consideration the needs of both the Berner and the adoptive family. Completion of this questionnaire will assist us in making the best placement for Berners passing through our rescue program. Please help us by answering the following questions. This is not a test. There are no right or wrong answers. You will not be evaluated as a possible placement home solely based on your answers in this questionnaire.

Name:

Street Address:

City/State/Zip:

Email:

Occupation:

Home Phone:

Other Phone:

1. Have you ever owned or personally met a Bernese Mountain Dog ?
2. Why do you want a Bernese?
3. How did you learn about the breed?
4. Why have you decided to rescue a Bernese from a rescue program?
5. Have you ever owned a dog before?
 - a. If yes, what breed, age, how long owned, name of breeder, etc.
6. Do you currently have any dogs living with you?

- a. If yes what breeds, ages, genders, how old, neutered/spayed, etc.
 - b. How do you feel your dogs will accept a new dog?
7. Have you ever surrendered a pet to a rescue program, pound, shelter, or placed a pet you owned in another home?
 - a. If yes, what were the circumstances of the placement?
8. Do you currently have any other pets living with you?
 - a. If yes, Please tell us about them.
 - b. Where did you get them?
 - c. What happened to them?
9. Please describe the characteristics of the ideal dog for you and your family.
10. Do you own or rent your home?
 - a. If you rent, is your landlord in agreement with you having a large dog on the premises?
11. Please describe the method you will use to restrain a dog on your property. Please include details (if fence, space size, height, material, etc.)
12. Where will your dog be kept during the day? During the night?
13. On average, how many hours will your dog be alone each day?
14. How many adults in household?
 - a. How many children are in the family and what are their ages?
 - b. Do they all want a Bernese?
15. How will you care for your Bernese when you are away overnight or on vacation?
16. Please indicate any preference you may have for a dog (sex, age, etc):

17. Would you be willing to adopt a Bernese with special needs (i.e., older, requiring surgery or medication, blind or deaf)?
18. Would you be willing to adopt a Bernese requiring special behavioral training ?
19. If yes, will you attend training classes to achieve a rapport with a rescue dog to insure a successful placement?
20. What behavior problems do you consider intolerable?
21. Are you prepared to spend \$200 or more a year on heartworm preventative, flea control, and vaccinations?
22. Are you prepared to deal with the costs that can be associated with this breed's large size (i.e., medications, non-routine emergency care, orthopedic problems, cancers, etc.)?
23. May we visit your home?
24. For reference purposes, please provide the name, address and phone number of the veterinarian you are currently established with or have used in the past. May we call the vet for a reference?

Additional information you would like us to have, or questions you would like answered:

Thank you for your cooperation. Please mail this form to the following snail-mail address (Do not e-mail):

Julia Airgood, Rescue Coordinator
Three Rivers Bernese Mountain Dog Club, Inc.
415 Dorseyville Road
Pittsburgh, PA 15215