

Adoption Application

Barbary Coast Belgian Sheepdog Club Rescue

The ownership of a Belgian Sheepdog, like any pet, is a serious responsibility that requires a long-term commitment. It is the goal of the BCBSC Rescue Program to be sure that this responsibility, as well as the financial, physical and psychological needs of each Belgian Sheepdog be met in its new home.

This application has been designed to help prospective Belgian Sheepdog adopters address the issues that would directly affect their home and its suitability for a Belgian Sheepdog. It will also aid us in applicant evaluation. Please answer all questions as completely and truthfully as you can. You will not be approved or rejected as a placement solely on the basis of your answers. You will receive a phone call from a BSD Rescue representative to discuss your application in greater detail.

Applicant Information

Name(s) _____
Date _____
Address _____

City _____ State _____
Zip _____
Home Phone _____ Business Phone _____
Email _____
Occupation _____
Employer _____
Occupation _____
Employer _____
Number of adults in household _____ Number of children and
ages _____

Who will be responsible for the care and training of the
dog? _____

Would you prefer a male or female BSD? _____ Male _____ Female _____ Doesn't Matter

Are you applying for a specific dog? _____ Yes _____ No
If yes, what dog? _____

Would you consider another dog if that dog is not available? _____ Yes _____ No

Home

Is yours a: _____ Single family home? _____ Townhouse/Condo? _____ Apartment? _____
Other? _____

If you rent or lease, you must have written permission from your landlord. Please list
landlord information:

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Is your yard fenced? _____ Yes _____ No

If yes, note the approximate size of fenced area, height and type of fencing material. _____

No If no, please explain how and where you will exercise a dog and allow it to relieve itself:

Lifestyle

Is someone normally at home during the day? _____ Yes _____ No

If not, how many hours will the dog be alone on a normal weekday?

Where will the dog spend the day? ___ Loose indoors ___ Basement ___ Crate
___ Garage ___ Fenced Yard ___ Kennel Run ___ Loose Outdoors ___ Tied Up Outside
Other _____

Where will the dog
sleep? _____

If you travel frequently, who will take care of the dog while you are
away? _____

Are you willing to modify your daily schedule to accommodate a dog's needs, such as
going outdoors in a fenced area or walking on a leash to perform bodily functions at least
four times a day? _____ Yes _____ No

Are you willing to keep a collar with a tag bearing your name address, phone number on
your dog at all times?

_____ Yes _____ No Would you tattoo/microchip your dog? _____ Yes _____ No

Pet History

Do you currently own one or more dogs? _____ Yes _____ No

Dogs' names, sexes, and
ages _____

How many dogs have you owned in the past ten years? Please list them and explain what
happened to them.

Dog's name _____ Breed _____ Age _____
How long owned _____

What happened to this
dog? _____

Dog's name _____ Breed _____ Age _____
How long owned _____

What happened to this dog? _____

If you have never owned a dog, what do you expect from owning a Belgian Sheepdog?

What other pets do you have? _____

Have you ever bred or raised dogs? _____ Yes _____ No

Have you ever trained one or more dogs? _____ Yes _____ No

Are you familiar with crate training? _____ Yes _____ No If no, would you be willing to learn more about it and consider the use of a crate (portable cage) as a training and transitional aid? _____ Yes _____ No

I How would you describe your household activity level? _____ Very Quiet _____ Rather easy going _____ Usually something going on _____ Lots of activity

In addition to regular life at home, would your BSD:

_____ Walk routinely with a family member? _____ Compete in obedience trials?

_____ Go to obedience classes/agility classes? _____ Go to your place of business?

_____ Travel with you? _____ Be a playmate for your children or other pets?

References

1. Veterinarian

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

2. Personal (not a family member)

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

I understand that in order to complete processing of this application, a visit to my home may be scheduled by a representative of the program, and that by submitting this application, I agree to such a scheduled visit. I also certify that all information on the Belgian Sheepdog adoption application is true and correct.

Name Date

Name Date

Please use the space provided below for additional comments or information you would like to include to aid us in matching the right Belgian Sheepdog with you and your family.

(Use the reverse side if you need more space.)

PLEASE if you fax or email your application ALSO send the original application via US Mail

Mail to Carole Murphy
1359 Pine Avenue San Jose 95125
(408) 445-2830