

# Bergin University of Canine Studies

## Release Dog Adoption Application

Every so often the Bergin University of Canine Studies, home of the Assistance Dog Institute has a dog that is not suited for the high demands of service dog work due to temperament and/or physical limitations. These dogs then become available for adoption. **There is a fee for our release dogs.** The dogs are fully vaccinated, micro-chipped, spayed or neutered and have received various levels of training. **THESE DOGS ARE NOT SERVICE DOGS** and are released from our program for specific reasons. However, these dogs are excellent companion animals. We will place the dogs in the most well-suited homes and will inform the new owner about each dog's limitations and training level. Thank you for your interest.

Date \_\_\_\_\_

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

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

1) How did you hear about the Bergin University? \_\_\_\_\_  
\_\_\_\_\_

2) Why do you want to adopt one of our dogs? \_\_\_\_\_  
\_\_\_\_\_

3) What type of residence do you have?

House       Townhouse       Apartment       Duplex       Condo

4) Do you own or rent your residence?     Own       Rent

If you rent your home, can you provide written verification that dogs are permitted in your residence, along with your landlord's name and phone number?     Yes       No

Landlord's Name \_\_\_\_\_ Phone number \_\_\_\_\_

5) Do you have a fenced yard?  Yes  No

If yes, what type of fence do you have? \_\_\_\_\_ Height? \_\_\_\_\_

6) If the dog were destructive to the yard or building, how would you handle the situation? \_\_\_\_\_

\_\_\_\_\_

7) Please list all the members of your household and their ages: \_\_\_\_\_

\_\_\_\_\_

8) Who will be responsible for caring for this dog? \_\_\_\_\_

9) How will you exercise your new dog and how often? \_\_\_\_\_

\_\_\_\_\_

10) Where will the dog stay during the day? \_\_\_\_\_

\_\_\_\_\_

11) Where will the dog stay during the night? \_\_\_\_\_

\_\_\_\_\_

12) How many hours will this dog be alone? \_\_\_\_\_

13) Do adult family members work outside the home?  No  Yes. Who? \_\_\_\_\_

\_\_\_\_\_

14) Have you ever owned a dog?  No  Yes. When? \_\_\_\_\_

15) Please list any other pets in your household along with their ages and whether or not they've been neutered or spayed. \_\_\_\_\_

16) Can you provide proof of vaccinations for your pets?  Yes  No

17) Please give us the name and phone number of your veterinarian.

Name \_\_\_\_\_ Phone \_\_\_\_\_

18) What do you estimate it will cost to care for a dog each year? \$ \_\_\_\_\_

(Food, grooming, licensing, veterinary care, vaccinations)

19) What do you plan to feed the dog? \_\_\_\_\_

20) Do you have a breed or gender preference?

Male  Female  No preference

Golden Retriever  Labrador Retriever  Golden/Lab cross  No preference

21) What energy level dog would you prefer?

High  Medium  Moderate  Mellow

22) Are you willing to take responsibility for a dog for the rest of his/her life, possibly 10 years or more?

Yes  No

23) Do you consent to a visit to your home from a Bergin University representative?

Yes  No

24) If we can't come to your home due to distance, can you provide us with:

a) A video of your home, yard, family members and animals?  Yes  No

b) Three references we can contact?  Yes  No

25) Are you willing to come to Bergin University and pick up the dog?  Yes  No

I acknowledge that the information contained on this form is true and correct. I understand that any misrepresentation of facts may result in the removal of the adopted dog from my home.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only – Called:**

Date: \_\_\_\_\_ Dog's Name \_\_\_\_\_

Comment: \_\_\_\_\_

Date: \_\_\_\_\_ Dog's Name \_\_\_\_\_

Comment: \_\_\_\_\_

Date: \_\_\_\_\_ Dog's Name \_\_\_\_\_

Comment: \_\_\_\_\_

Form adapted from Freedom Service Dogs Inc.

**Bergin University of Canine Studies**  
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