



# ADOPTION APPLICATION

e-mail application to: [kim@sunnysaints.org](mailto:kim@sunnysaints.org)

or fax to: 562.435.6361

Kim Phone: 858.222.4101

Pam Phone: 562. 619.2059

Sheila Phone: 562.422.2385

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you interested in a Male or Female Saint? \_\_\_\_\_ Coat length preferred? Smooth (short) or Rough (long)

Number of Adults in the home: \_\_\_\_\_ Number of Children in the home and ages: \_\_\_\_\_

Which members of the family will care for and feed the Saint? \_\_\_\_\_

Please list any other pets that you have in the home:

Dog #1 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Spayed/Neutered: Y N

Dog #2 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Spayed/Neutered: Y N

Dog #3 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Spayed/Neutered: Y N

Please List All Other Pets in the Home: \_\_\_\_\_

Are all your pets up to date on vaccinations: Y N If no explain: \_\_\_\_\_

Have you ever owned a Saint Bernard before? \_\_\_\_\_

Name, address and phone number of current or last Veterinarian: \_\_\_\_\_

Do You Live in a House, Condo, Apartment or other? \_\_\_\_\_

Do You Own or Rent? \_\_\_\_\_ If renting, do you have your landlord's permission to have a dog? \_\_\_\_\_

Landlord's Name and Phone Number: \_\_\_\_\_

If you have a yard, is it fully fenced? What type of fencing do you have (list height and whether it's wood, block, etc.)?

\_\_\_\_\_ Do your gates have locks? \_\_\_\_\_

What is your primary reason for wanting to adopt a Saint Bernard? Companion for you For your kids Gift  
Other, explain: \_\_\_\_\_

Does anyone in your household have allergies? \_\_\_\_\_

Will the Saint be an inside or outside dog? \_\_\_\_\_

How many hours per day will the Saint be home alone? \_\_\_\_\_

Where will the Saint stay when he/she is home alone? Please be as specific as possible, i.e., yard, run of the house, a specific room, a crate, etc. \_\_\_\_\_

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

What rooms of the house are "off limits" to the Saint? \_\_\_\_\_

What outside areas are available to the Saint? \_\_\_\_\_

How did you hear about Sunny Saints Rescue? \_\_\_\_\_

Would you be interested in becoming a foster home to help save a shelter Saint from euthanasia? \_\_\_\_\_

Routine Vet care of a Saint may cost between \$100 and \$500 or more per year. Will this create a financial hardship? Y N

**Saints shed profusely and may drool excessively. If either is abhorrent to you, STOP NOW, you don't want a Saint Bernard!**

**If you are able and willing to make a long-term commitment to care for a Saint Bernard for its entire life span which may be 10 to 14 years, then please continue and submit this application to Sunny Saints Saint Bernard Rescue**

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**PLEASE READ AND INITIAL EACH STATEMENT BELOW.**

I understand that a home visit with all occupants present is required prior to final placement. \_\_\_\_\_

I understand that a home visit does not guarantee placement. \_\_\_\_\_

**I WILL make a donation of at least \$300 (some dogs may require a higher donation amount) to help rescue, provide medical care, spay and neuter, board and place other abandoned Saints. I understand that any donation or contribution is a gift freely given, not a purchase price for a dog and that after a two-week trial period, there are no "refunds" given if I choose not to keep the Saint.**

\_\_\_\_\_

I agree to provide my own collar, leash, choke chain or harness and personal ID at the time of completing the adoption contract. \_\_\_\_

Sunny Saints reserves the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract.

Please list the name of the Saint you're interested in and tell us why you're interested in this particular Saint:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date