



**BEARDED COLLIE CLUB OF CENTRAL FLORIDA, INC.**

**RESCUE PROGRAM**

Application to Adopt

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Individuals in household:** \_\_\_\_\_

**For children, give ages:** \_\_\_\_\_

**Is your yard fenced?** \_\_\_\_\_ **Type/Height:** \_\_\_\_\_

**Have you ever owned a Bearded Collie?** \_\_\_\_\_ **Other Breed?** \_\_\_\_\_

**Are there dogs currently in your household?** \_\_\_\_\_

**If yes: Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Neutered?** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Neutered?** \_\_\_\_\_

**Other pets in household?** \_\_\_\_\_ **Describe:** \_\_\_\_\_

**Have you a strong preference for either a male or female beardie?** \_\_\_\_\_

**If so, please explain why:** \_\_\_\_\_

**Is someone home during the day?** \_\_\_\_\_

**How many hours a day would the Beardie be alone in the house?** \_\_\_\_\_

**Are you familiar with crate training/use of a dog crate?** \_\_\_\_\_  
**(Beardies should never be left alone outside if no family member is home and watching!)**

**Have you had an opportunity to research the Beardie temperament, characteristics, personality, specific health needs, grooming, cautions, etc? Please describe:**

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**Are you aware that Bearded Collies require extra grooming (as much as an hour per week?)** \_\_\_\_\_

**If needed, are you willing to drive a reasonable distance to get a Rescue Beardie?** \_\_\_\_\_

**What would you consider a reasonable distance (by car, of course)** \_\_\_\_\_

**The DONATION to the Rescue Program for an adopted Beardie is \$200, which includes a one year membership to The Bearded Collie Club of Central Florida, Inc. Is this donation agreeable to you?** \_\_\_\_\_

**Please provide any additional information about you and/or your family that would help us select a "good match" for you.** \_\_\_\_\_

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**Please provide a veterinarian reference:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If you do not have a veterinarian reference, are you acquainted with any Bearded Collie owners who could provide a reference for you?** \_\_\_\_\_

**Name and Phone:** \_\_\_\_\_

*Please return this completed form to:*

Laura Brooker  
Bearded Collie Club of Central Florida, Inc.  
2905 Bayshore Court  
Tampa, FL 33611

OR

Scan completed form and email to:  
[laurajbr@mac.com](mailto:laurajbr@mac.com)