

Applicant Information

**Are you interested in
Adoption or Fostering?**

Adoption
Fostering
Both

Name

First Name Last Name

Age

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Home Phone

Area Code Phone Number

Work Phone

Area Code Phone Number

Cell Phone

Area Code Phone Number

E-mail

Employer/Occupation

Length of Time at Job

**Does Job Require
Frequent out of Town
Travel?**

**If so, Who Will Care for
Dog When Traveling?**

Household

Single

Married

Sharing Home with Unrelated Adults

**How Many Adults Live in
your House?**

**Names and ages of
Children in Household,
Including Grandchildren
or Other Children that
Visit Regularly**

Your Home

Own

Rent

**Renters: Are you Willing
to Provide a Copy of your
Lease or a Notarized
Statement from your
Landlord Authorizing
you to Keep a Dog?**

Yes

No

Residence Type

**If Selected "Other,"
Please explain**

How long at address?

**Experience with
Handling and Caring for
Dogs**

**Potential Adopters:
Which Westie(s) are you
Interested in?**

**Potential Adopters: Why
do you want a Westie
(click all that apply)**

Companion for humans
Companion for another pet
For protection
To give as a gift
To breed

Gender Preference

**Are you willing to
Housetrain**

Yes
No

**Would you consider a
pair of bonded Westies?**

Yes
No

**Would you consider a
Westie with slight health
problems?**

Yes
No
Not sure, but willing to discuss

Age

**How do you plan to
exercise the dog?**

**Who will be dog's
primary caretaker?**

**Does he/she have
experience with dogs?**

**Is anyone home in this
person's absence?**

**Is this person capable of
exercising the dog?**

**How long will dog be
without humans daily?**

**How long will the dog be
alone during evenings?**

**Where will the dog be
housed while alone?**

**Where will dog sleep at
night?**

**Is anyone in your
household allergic to
dogs?**

**Does anyone in your
household have asthma?**

**Are you subject to
relocation?**

**What would you do with
the dog if you moved?**

Potential Adopters: Are you prepared to provide medical treatment for such problems as needed?

Potential Adopters: Westies can live 15 to 20 years. Are you prepared to commit to a Westie for his entire life?

We require all Westies to be altered before adoption. Are you opposed to spaying or neutering dogs?

Do you currently own a Westie? If yes, what is his/her name? _____

Have you ever owned a terrier? What kind? _____

Pet #1

Species _____

Breed _____

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #2

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #3

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #4

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #5

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #6

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #7

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #8

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #9

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

Pet #10

Species

Breed

Gender

Male

Female

Age

Altered

Yes

No

Where is it now?

**If any of your Current
Pets are Not
Spayed/Neutered, Please
Explain Why.**

**Have you ever sold, given
away or surrendered a
pet to a shelter? If Yes,
please explain the
circumstances.**

**If you ever had a pet that
died at early age, became
lost or disappeared,
please explain the
circumstances (dog less
than 10 years and cat
before 14 years).**

**If you presently have a
dog, is it current on
vaccinations? At
minimum rabies,
distemper, hepatitis,
parvovirus, and
parainfluenza and on
heartworm preventative.**

Yes

No

If no, please explain.

If you presently have a dog, where is it housed?

Other than housetraining, have you ever trained a dog?

Yes

No

If yes, what type of training?

References (not related to you)

Reference #1

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Easiest Time to Reach

Relationship

Reference #2

Name

First Name Last Name

Phone Number

Area Code Phone Number

Easiest Time to Reach

Relationship

Reference #3

Name

First Name Last Name

Phone Number

Area Code Phone Number

Easiest Time to Reach

Relationship

Vet Reference

Name of Doctor

First Name Last Name

Hospital Name

Phone Number

Area Code Phone Number

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Is this veterinarian
familiar with pets you
have owned?**

Yes

No

**May we contact this
doctor as a reference?**

Yes

No

The information I have provided in this application is true and complete. I understand that any misrepresentation of facts may result in removal by Westie Rescue of any dog adopted from them.

For your own records, you may want to print this form before submitting.

Date
