

# West Highland White Terrier Society of CT Rescue

<http://www.westiesocietyofct.com/rescue.html>



## FAMILY PROFILE and APPLICATION FOR ADOPTION or FOSTER CARE

Date \_\_\_\_\_

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

Complete Address (no P.O. Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Name & Relationship of others in the household (if minors, provide ages): *(Continue on back)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If there are children who regularly visit, please provide ages \_\_\_\_\_

Have you ever owned a dog? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you still own a dog(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, is it neutered/spayed? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

Where is the dog(s) housed? (Inside / Outside / Both) Please describe: \_\_\_\_\_

What happened to dogs no longer in your care? \_\_\_\_\_

List all pets currently in your home *(Use back of page for additional pets)*

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ How long? \_\_\_\_\_

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Are all your pets current on their vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_

Name, Address, & Phone number of your Veterinarian: \_\_\_\_\_

How long have you used this vet? \_\_\_\_\_

(If you have no vet at this time, please contact one and provide the information above)

Do you: Own \_\_\_\_\_ Rent \_\_\_\_\_ / House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Other \_\_\_\_\_

(If renting, we will need to see the rental agreement authorizing pets.)

Do you have a fenced yard? \_\_\_\_\_ If yes, what type of fencing? \_\_\_\_\_

Do you have a pool or outdoor hot tub? \_\_\_\_\_

If yes to the above, is it fenced separately? \_\_\_\_\_

Does your job require frequent out-of-town travel? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who will care for the Westie when you are out of town?

Is your job subject to relocations? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in your household have animal allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to above, please explain: \_\_\_\_\_

How did you hear about WHWTSOC Westie Rescue? \_\_\_\_\_

How did you decide upon a Westie? \_\_\_\_\_

Desired Westie:

Age preferred: \_\_\_\_\_ - or - No preference \_\_\_\_\_ (We seldom have dogs under 3 years old)

If "no preference," would you be willing to adopt a Westie 8 years or older? Yes \_\_\_ No \_\_\_

Would you consider a pair of Westies if they became available? Yes \_\_\_\_\_ No \_\_\_\_\_

Sex preferred: Male \_\_\_\_\_ Female \_\_\_\_\_ No preference \_\_\_\_\_

Are you willing to house train? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to obedience train? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you willing to adopt a Westie which may have slight health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If not sure, are you willing to discuss as Westies become available? Yes \_\_\_\_\_ No \_\_\_\_\_

Who will be the primary care giver of the adopted Westie? \_\_\_\_\_

How long will the Westie be alone each day? \_\_\_\_\_

How long will the Westie be alone in the evening? \_\_\_\_\_

How will the Westie be housed when left alone? \_\_\_\_\_

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

Have you considered the length of commitment (Westies can live 15+ years) Yes \_\_\_ No \_\_\_

Have you considered the annual expenses of vaccinations, food, and grooming? Yes \_\_\_ No \_\_\_

List the two references not related to you and how long you have known them:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Relationship (neighbor, co-worker, etc.) \_\_\_\_\_ How long? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Relationship (neighbor, co-worker, etc.) \_\_\_\_\_ How long? \_\_\_\_\_

Do you understand that this Westie will be spayed or neutered  
(either by this organization or you, depending upon the circumstances and age)? \_\_\_\_\_

Do you understand that no form of registration (such as AKC papers) will be given? \_\_\_\_\_

Do you understand that it will be your responsibility to provide medical care, proper nutrition, shelter, and training for this Westie as long as it is in your care? \_\_\_\_\_

*If fostering this Westie, how long will you be willing to do so?*

\_\_\_\_\_

Do you understand that at no time will you be able to place this dog with anyone else with out written permission from a representative of WHWTSOC Westie Rescue? \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, certify that I have read the above information carefully and have filled out this application honestly. I understand omission of information and/or failure to answer all questions and sign the application can result in this application being denied. Also, if an omission or untruth is discovered after an adoption takes place, I understand that WHWTSOC Westie Rescue reserves the right to annul the adoption and reclaim the Westie. Should such a situation lead to legal process, I agree I am solely responsible for all costs, including attorney fees and court costs.

I understand that prior to being approved for adoption or foster care in my home, all of the above information will be verified, and by signing this, I give my permission for this verification.

I agree to a home and yard visit if it is required and also to a personal interview with a member of this rescue effort or their agent to determine the suitability of my home/facility to care for a Westie.

I further agree that if at any time, in the opinion of WHWTSOC Westie Rescue (or an agent), that it is to the benefit of the Westie's well being to be removed from my care, I will relinquish said Westie immediately and without negative incident. Should such a situation lead to legal process, I agree I am solely responsible for all costs, including attorney fees and court costs.

I understand and agree to make a minimum donation of Two Hundred Fifty (\$250.00) which goes directly toward helping to offset medical costs associated with Westie Rescue services.

Adoption Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Adoption Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

*or*

Foster Home Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

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Return Completed Application to:

Barbara Elkow  
13 Spire View Road  
Ridgefield, CT 06877-1816

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