

Adoption Application



West Highland White Terrier Club of Northern Ohio

Rescue Committee

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Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail address: _____

Home phone: _____ Work phone: _____

Why do you want a Westie? _____

Have you ever owned a Westie or other Terrier breed? ☐ yes ☐ no

Are there any pets presently in the household? ☐ yes ☐ no If yes, please specify: _____

Have you lost a dog to other reasons than old age? ☐ yes ☐ no

Ages of children in household: _____

Do you have a fenced yard or exercise area? ☐ yes ☐ no

Do you have a pool? ☐ yes ☐ no Is it separately fenced? ☐ yes ☐ no

How many hours a day will the dog be alone? _____

Do you have specific requirements as to the age and/or sex of the dog? ☐ yes ☐ no

If so, please note here: _____

May we visit your home before and/or after adoption? ☐ yes ☐ no

Please furnish the personal reference of a friend or relative:

Name: _____ Telephone: _____

Your veterinarian:

Name: _____ Telephone: _____



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From time to time, and purely as a courtesy, Westie Rescue is asked to make referrals to shelters or other third parties who wish to find homes for their Westies. If you are interested in such referrals, please read and sign the following statement:

I understand that, if I decide to adopt or purchase an animal from a shelter or other third party to which I may be referred by the West Highland White Terrier Club of Northern Ohio's Westie Rescue, the agreement will be solely between me and that entity, and that Westie Rescue will have no obligation to me or any other person or entity concerning such animal, whatsoever.

Signature

Date