

For The Love Of Westies

ForTheLoveOfWesties89@gmail.com

Sabrina Mason

(989)-590-2117



Date _____

If denied, why? _____

For Office Use Only

Approved ☐

Denied ☐

Adoption Application

Applicant's Name _____ Date _____

Address(No.P.O.Box) _____

City _____ State _____ Zip _____

Phone# _____ Alternative Phone # _____

Email _____ Best time to call? A.M. _____ P.M. _____

Best days to call? Circle all that apply: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

In what type of housing do you reside? Apt/Condo ☐ House ☐ Other ☐

Do you rent this property? Yes ☐ No ☐ Landlords Name _____

Landlords Number _____ Address _____

Do you plan on moving in the next 12 months? Yes ☐ No ☐ If so, where? Address (P.O. Box) _____

City _____ State _____ Zip _____

Why do you want to adopt a Westie? ☐ Companion for child ☐ Companion for another dog ☐ Security

Companion for self ☐ House Pet ☐ Working Dog (mouser) ☐ Breeding ☐ Other

IF other, please explain _____

Is this Westie a gift for someone? ☐ Yes ☐ No If yes, who and why? _____

Have you previously owned a West Highland Terrier? Yes ☐ No ☐ If No, please explain why you are interested in a Westie at this time? _____

