

Have you researched this breed? Yes ☐ No ☐ If no, why not? \_\_\_\_\_

**\*\*Below, please list all animals you currently have, and animals you have had in the last 10 years. If more space is needed, please write on the back or attach a separate sheet. \*\***

Name	Breed	Sex	Spayed or Neutered?	Up to date on all vaccinations?	Deceased? yes or no

Do you still own these animals? If not why? \_\_\_\_\_

**List all Veterinarians you have taken your pet to in the last 10 years. As well as the Veterinarian that you plan on using for this Westie.**

Veterinarian	Phone Number & Fax Number
	Fax # _____
	Phone # _____
	Fax # _____
	Phone # _____
	Fax # _____
	Phone # _____

If more space is needed please write on the back or attach a separate sheet of paper.

Do you grant permission "For The Love Of Westie's" - Sabrina Mason to contact your Vet(s)? Yes ☐ No ☐

Date \_\_\_\_\_

Signature of Applicant granting permission to "For The Love Of Westies" \_\_\_\_\_