

~ WEST HIG	HLAND WHITE	TERRIER CLUB	~
	OF NEW ENGLA		

## **Family Profile for Adoption or Foster Care**

11		PLEASE PRI	NT			
	OF NEW ENGLAND	Application	Date			
		Name(s)	:			Address
Во	ard information:					
					Zip Code:	
					OcEm	ail Address
		========	 :======== :=======			======
1.	Name & Relationship	of Others in the Household	d (if minors, p	orovide ages	)	
Name:	:	Rela	tionship:			Name:
		Relationshi				
		Relationshi	p:		Name:	
		Relationshi	p:			
		(inside/outside/both)? Pla				
5.	What happened to do	g(s) no longer in your care	?			
	all pets currently in your How Long:	r home: Pet's Name:		Breed:	Sex:	Age:
	Pet's Name:	Breed:	Sex:	Age:	How Long:	
	Pet's Name:	Breed:	Sex:	Age:	How Long:	
1	Are all your pets curre	nt on their vaccinations?	es No			
2	Name, Address & Pho	ne number of your Veterir H	narian: ow long have	e you used th	nis Vet?	
			<b>if</b> l-		hia kiwa a wisana na wka	
					his time, please contac ation requested.	.l
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## WHWTCNE FAMILY PROFILE FOR ADOPTION OR FOSTER CARE

	you: <b>Own Rent House Apartment Condo Other</b> If you rent, we will need to see the rental agreement orizing pets.
10. D	o you have a fenced in yard? <b>Yes No</b> If yes, what type of fencing?
	o you have a pool or outdoor hot tub? <b>Yes No</b> If yes, is it fenced ately? <b>Yes No</b>
12. Do	oes your job require frequent out-of-town travel? <b>Yes No</b> If yes, who will care for your Westie while you way?
13.	Is your job subject to relocations? Yes No
14. Do	pes anyone in your household have animal allergies? <b>Yes No</b> If yes, please explain?
15.	How did you hear about New England Westie Rescue?
16.	How did you decide upon a Westie?
Desir	ed Westie:
	e preferred or no preference we seldom have dogs under 3 years old) If no preference dyou be willing to adopt a Westie 8 years or older? <b>Yes No</b>
2.	Would you consider a pair of Westie if they became available? Yes No
3.	Sex preferred: Male Female No preference
4.	Are you willing to house train? Yes No
5.	Are you willing to obedience train? Yes No Where?
	e you willing to adopt a Westie which may have slight health problems? <b>Yes No</b> If not sure, are you willing cuss it as Westies become available? <b>Yes No</b>
7.	Who will be the primary caregiver of the adopted Westie?
	w long will the Westie be alone each day? How long in the ng?
9.	How will the Westie be housed when left alone?
10.	Where will the Westie sleep at night?
11.	Have you considered the length of commitment? (Westies can live 15+ years) Yes No
12.	Have you considered the annual expenses of vaccinations, food, grooming, etc? Yes No

## WHWTCNE FAMILY PROFILE FOR ADOPTION OR FOSTER CARE

List two (2) references not related to you and how long you have known them. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: Relationship: How Long: Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Address: Relationship: \_\_\_\_\_ How Long: \_\_\_\_ Do you understand that this Westie will be spayed or neutered, either by this organization or you depending on the circumstances and age? Yes No Do you understand that no form of registration (such as AKC papers) will be given? Yes No 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? Yes No If fostering this Westie, how long will you be able to do so? I, the undersigned, certify that I have read the above information carefully and have filled out this application honestly. I understand that 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 of untruth is discovered after an adoption takes place, I understand that WHWTCNE 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 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 WHWTCNE Westie Rescue (or an agent) that is to the benefit of the Westie's well being to be removed from my care I will relinquish said Website 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 Dollars (\$250.00) which goes directly toward helping to offset medical costs associated with Westie Rescue Services. Adoption Candidate: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Adoption Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED APPLICATION TO: WESTIE RESCUE C/O Susan Smith, 104 Myricks Street, Berkley, MA 02779

Foster home Candidate: \_\_\_\_\_ Date: \_\_\_\_