

# Central Ohio Westie Rescue



## Adoption Application

- - - Today's Date \_\_\_\_\_

### Applicant(s):

If you are interested in a specific Westie, please list his/her name here.

### Prospective Owner:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street (Include Apartment Number)

City

State

Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Home E-mail: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Work Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

### Prospective Co-Owner:

Relationship to Prospective Owner:  Spouse  Partner  Parent  Child  Roommate  Other (\_\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street (Include Apartment Number)

City

State

Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_ Home E-mail: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ Work Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer/Occupation: \_\_\_\_\_

### Please let us know your reasons for wanting to obtain a "rescued" Westie:

\_\_\_\_\_  
\_\_\_\_\_

### Desired Westie:

**Gender:**  No Preference  Prefer a Female  Prefer a Male  
 Must Have a Female  Must Have a Male

### Age:

Please keep in mind that dogs under three years of age are rarely turned in to rescue and that your chances of adopting is greatest if you will consider an older Westie or a Westie with a minor health issue.

Choose one of the following:  No Preference  Must Have  Prefer

Indicate all that you would consider:  Baby  Age 1-3  Age 4-6  Age 7-9  Age 10+

Would you consider adopting a Westie mix?  Yes  No, we really want a Westie

Are you willing to housetrain or retrain if necessary?  Yes  No

Would you be willing to consider adopting a Westie with a "minor" health issue?  Yes  No

Would you be willing to foster a rescued Westie?  Yes  No

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(cont'd)

## Residence:

Where do you live?

Single Family Home  Duplex  Apartment  Condo  Farm  Live with family (parents/other relative)

Status:

Own  Rent/Lease  Temporary Residence (please give reason) \_\_\_\_\_

How long at this address: \_\_\_\_\_ years (if under 2 years, please give prior address and how long at that address)

\_\_\_\_\_

Are you willing to provide a copy of your lease/association agreement showing you are permitted to have a dog?  yes  no If no, please explain: \_\_\_\_\_

Does anyone in your household smoke inside your home?  yes  no

Do you have a securely fenced in yard or area for the dog?  yes  no  in process

What kind of a fence or area is it/will it be? (examples: .6' wood privacy, invisible, 4' chain link)

\_\_\_\_\_

Do you have a swimming pool or hot tub?  yes  no

If yes, is it separated from the dog area by a secure fence?  yes  no

How will you exercise the dog? \_\_\_\_\_

How will you discipline the dog? \_\_\_\_\_

How many adults live in the household? \_\_\_\_\_ How many children? \_\_\_\_\_ Ages: \_\_\_\_\_

Do you have children who visit frequently?  yes  no If yes, ages & how often: \_\_\_\_\_

Who will be the dog's primary caretaker? \_\_\_\_\_

Does he/she have experience with dogs?  yes  no Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is anyone home in this person's absence?  yes  no Who? \_\_\_\_\_

Does this person have experience with dogs?  yes  no Explain: \_\_\_\_\_

\_\_\_\_\_

Is this person capable of exercising the dog?  yes  no Explain: \_\_\_\_\_

\_\_\_\_\_

How long will the dog be without humans on weekdays/workdays? \_\_\_\_\_

How long will the dog be without humans on weekends/days off? \_\_\_\_\_

Where will the dog be kept while home alone? (check all that may apply)  Crate  Loose in the house  
 Confined to a room  In a penned area inside  In a fenced in yard  Other (\_\_\_\_\_)

Explain: \_\_\_\_\_

Where or with whom will the dog sleep? \_\_\_\_\_

Is anyone in your household allergic to dogs?  yes  no If yes, who? \_\_\_\_\_

Does anyone in your household have Asthma?  yes  no If yes, who? \_\_\_\_\_

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Does your job require frequent out of town travel? yes no

Who will care for the dog when you are out of town? \_\_\_\_\_

Are you subject to relocation? yes no

What would you do with the dog if you moved? \_\_\_\_\_

Who would you want to have the dog if you died? \_\_\_\_\_

It is our goal to find the best possible home for our rescues. Because of this, it is not a "first come, first serve" process. Although we get dogs in on a regular basis, you may need to be patient to find the Westie that is a good match for you and your family. How long would you be willing to wait for a rescue to adopt? \_\_\_\_\_

### How Did You Hear About Us?

### Care:

Even for a healthy dog, basic costs of veterinary care (shots, flea and heartworm preventative, food, toys, and minimal grooming and boarding) can cost \$800 or more per year. In addition, dogs are susceptible to most diseases that afflict humans such as allergies, diabetes, cancer, heart disease, arthritis, etc. (Westies are especially prone to skin allergies) These conditions can be expensive to treat properly.

Are you financially & emotionally prepared to provide proper medical/dental treatment for the life of the Westie? yes no not sure Explain: \_\_\_\_\_

Westies can live to be 15-20 years old. Are you prepared to commit to a rescued Westie for his/her entire life? yes no not sure Explain: \_\_\_\_\_

If you could no longer keep the Westie you adopt, or if you are considering euthanizing the dog for ANY reason, would you agree to notify us (Westie Rescue) first? yes no If no, please explain: \_\_\_\_\_

We require that all Westies be altered (spayed or neutered). Are you opposed to the spaying or neutering of dogs? yes no If yes, please explain: \_\_\_\_\_

### Pet Experience:

Please list all the pets you have owned. If none, list pets you grew up with in your parents home and any pets that have resided in your residence that you do/did not own.

Species (dog/cat, etc)	Breed	Gender	Age now or at death	Altered?	Is he/she still with you? If no, where is he/she now?
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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## ADOPTION APPLICATION

(cont'd)

Have you ever had a pet that died at an early age, became lost, stolen or disappeared? yes no

If yes, please indicate which and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Have you ever sold, given away or surrendered a pet? yes no

If yes, please indicate which and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

Is your present dog (or were your past dogs), current on vaccinations? (At minimum, rabies, distemper, hepatitis, parvovirus and parainfluenza) yes no not sure

If no or not sure, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your present dog (or were your past dogs), up to date on his/her heartworm preventative?

yes no not sure If no or not sure, please explain: \_\_\_\_\_

If your adopted Westie becomes terminally ill or dies will you agree to notify WOOF as soon as possible?

yes no

If you presently have a dog, where is it housed? inside outside garage other (\_\_\_\_\_)

Other than housetraining, have you ever trained a dog? yes no

If yes, what type of training? \_\_\_\_\_

\_\_\_\_\_

### **Donation:**

We will request that you reimburse us for ***medical & miscellaneous expenses*** incurred for the care provided to the Westie you adopt. ***We will also ask for a donation*** to help with our rescue program. This donation will range anywhere from \$0 to \$500 depending on the age, health and overall quality of the Westie. 100% of your donation will be used to help other Westies that we rescue. Will this keep you from adopting? yes no

If yes, please explain your circumstances and provide the maximum amount you could spend obtaining a dog: \_\_\_\_\_

\_\_\_\_\_

### **Personal References (not related to you)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to reach them: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to reach them: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to reach them: \_\_\_\_\_

# Central Ohio Westie Rescue

## ADOPTION APPLICATION (cont'd)

### Intended Veterinarian (we can recommend a vet in the Central Ohio area if you do not already have one)

Name of Doctor \_\_\_\_\_ Hospital Name \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Is this veterinarian familiar with the pets you own or have owned in the past? \_\_\_ yes \_\_\_ no

May we contact this veterinarian for a reference? \_\_\_ yes \_\_\_ no

### Intended Groomer (we can recommend a groomer in the Central Ohio area if you do not already have one)

Business Name \_\_\_\_\_ Groomer's Name \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this groomer familiar with the pets you have owned? \_\_\_ yes \_\_\_ no

May we contact this groomer for a reference? \_\_\_ yes \_\_\_ no

### AFFIDAVIT:

The information I have provided in this application is accurate and complete. I understand that any misrepresentation of facts will result in immediate rejection of my/our application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**There is a \$10 non-refundable application fee.**

Please make your \$10 check payable to "Central Ohio Westie Rescue"

**\*\*\*\* Please date your application (top left of 1<sup>st</sup> page) \*\*\*\***

Mail the completed form along with your check to:

Beverly Ressler  
Central Ohio Westie Rescue  
670 White Tail Drive  
Columbus, Ohio 43230

Three to four days after you mail the application **please call Beverly** at 614.937.2821 to make sure your application has been received and so she can answer any questions you may have. The best time to call her is in the evenings 7:00pm-9:00pm or 9:00am-9:00pm on the weekends.

You may also send an email to Beverly at [whwt\\_rescue@yahoo.com](mailto:whwt_rescue@yahoo.com)