

Wisconsin Westie Rescue, Inc.  
Adoption Application

A \$20 application fee is required with each application submitted. This \$20 will be applied towards the adoption fee or refunded if your application is rejected. If you choose not to adopt from us, the fee will be donated to the rescue. Applications will be rejected if the fee is not enclosed. Checks can be made payable to Wisconsin Westie Rescue.

Please note: We do not adopt outside of WI, northern IL, or eastern MN. Preference will be given to WI residents. We do not adopt a Westie to homes with children under 8 years of age unless a waiver is granted by WWR president Laura Hager.

Westies adopted from us must be kept on a leash at all times while outdoors if not inside a secure fence. Shock collars of any type shall NOT be used, including invisible fence collars. Violation of this may result in the Westie being reclaimed by the rescue.

**Personal Information**

Are you the applicant? (YES NO)

If not, why are you filling out the application for another party?

\_\_\_\_\_

Last Name: \_\_\_\_\_ MI\_\_ First Name: \_\_\_\_\_

Your date of birth: \_\_\_\_\_ Spouses date of birth : \_\_\_\_\_

Spouse/Partner or Roommate's Last Name: \_\_\_\_\_ MI\_\_ First Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Married    Single    Live with Parents    (please circle)

Children Names and Ages: \_\_\_\_\_

Does everyone in your house know that you are applying to adopt a rescue and do they all agree on adopting a rescue? (YES NO) If no, explain

**Senior for Seniors**

If the above applicant or their spouse/partner is age 62 or above, Wisconsin Westie Rescue has a 'Senior for Seniors' program, an incentive program to match our senior Westies (ages 9 and up) with senior age applicants and receive a \$25.00 discount off the final adoption fee at the time of placement. *Any applicant is free to apply to adopt a dog from any age group, but this discount applies ONLY to a senior applicant adopting a senior age dog.* For more information on this program, contact the person listed at the bottom of this application.

If you or your spouse/partner is age 62 or above, are you interested in the 'Senior for Senior's' program? (YES NO)

**Employment information.** List former employer if retired

Your Employer: \_\_\_\_\_ Your Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Spouse/Partner's Employer: \_\_\_\_\_ Spouse's Work Phone:  
\_\_\_\_\_

Spouse/Partner's position: \_\_\_\_\_

**Residential Information**

Residence: (circle one) House Apartment Duplex Condo  
Mobile Home

Do you (circle one) own rent your residence?

If you rent, Landlord's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have your landlord's permission to have a dog at your residence? (YES NO)

Besides your immediate family, are there others residing in your home (YES NO)

If yes, who \_\_\_\_\_

Does your home have a yard? \_\_\_\_\_ Is there a fence? (YES NO)

What type of fence and how tall? \_\_\_\_\_

When gate is closed will animal be completely enclosed? \_\_\_\_\_ Is fence locked?  
\_\_\_\_\_

If no fence, where will you exercise your dog? \_\_\_\_\_

How many times per day will you exercise your dog and for how often?  
\_\_\_\_\_

**Adoption Information**

Is someone home during the day? \_\_\_\_\_

If no, where will your dog stay while you are gone? \_\_\_\_\_

Where will the dog stay during the day? \_\_\_\_\_ Night? \_\_\_\_\_

Where will dog be kept most of time? (circle one) In house Outside Basement Other  
(specify): \_\_\_\_\_

Do you agree to spay/neuter this dog? (YES NO) Will you take your dog to obedience  
classes? (YES NO)

What type of food to you intend to feed your dog? \_\_\_\_\_ How often?  
\_\_\_\_\_

Have you ever owned a Westie? \_\_\_\_\_ If so, male or female \_\_\_\_\_

Do you prefer a male or female Westie? \_\_\_\_\_ To increase your chances of adopting, please  
consider either sex.

What age Westie? \_\_\_\_\_ We rarely get in dogs under 2, so please consider an older  
dog.

Will you take a Westie that is not potty trained? \_\_\_\_\_ Will you take a Westie that has been abused? \_\_\_\_\_

Will you take a Westie with special medical needs? \_\_\_\_\_ Will you take a pair (2 Westies)? \_\_\_\_\_

Will you take a Westie mix? \_\_\_\_\_ How long are you willing to wait for a Westie? \_\_\_\_\_

Why do you want a Westie? \_\_\_\_\_

Circle all that apply: Family companion To breed Hunting Companion for another pet  
For a child

For a gift Other: \_\_\_\_\_

Have you ever brought an animal into a shelter? (YES NO) If yes, for what reason?  
\_\_\_\_\_

Are you familiar with pet responsibility laws in your community? (YES NO)

We will occasionally come to your home to check on the animal's well being. What times would be convenient? \_\_\_\_\_

It may take a month or longer for the dog to adjust to its new home. Are you prepared for this? (YES NO)

If you move in the future, what will you do with your pets?  
\_\_\_\_\_

Who will care for your pets should you go on vacation? \_\_\_\_\_

How much do you anticipate spending every year to feed, vaccinate, license, and provide medical care for your Westie? \_\_\_\_\_

Does any member of you household have allergies to animals? If so, explain: \_\_\_\_\_

The pet will be alone without human companionship about \_\_\_\_\_ hours per day.

The pet will be left unattended outside about \_\_\_\_\_ hours per day.

Will the dog be kenneled when alone? (YES NO)

Which member of your household will hold primary responsibility for your pet for the:  
Feeding: \_\_\_\_\_ Training: \_\_\_\_\_ General Care: \_\_\_\_\_

List any other rescue organizations that you have applied with to adopt in the past:  
\_\_\_\_\_

Do you frequently have young children visiting your home? \_\_\_\_ If so, list frequency and age \_\_\_\_\_

What research have you done on the breed? \_\_\_\_\_

**If you are applying to adopt a particular dog, please list their name here: \_\_\_\_\_**

*Other Pet Information*

**Current pets:** Name      Breed      Sex      Age      Spayed/Neutered?      How long had?  
Where kept?

**If you had pets in the past that you no longer have, list types and explain what happened to them:**

Name      Breed      Sex      Spayed/Neutered?      How long had?      What happened to them?

**Are all your other animals current on all inoculations?** \_\_\_\_\_

**If you have other dogs, are they on heartworm preventative?**

\_\_\_\_\_

**What vaccinations has your pet had in the past year?** \_\_\_\_\_

**Name of Vet Clinic:** \_\_\_\_\_

**Name of Veterinarian :** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **How long have you used this vet?** \_\_\_\_\_

**Previous vet clinic name:** \_\_\_\_\_

**Name of previous veterinarian:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **How long used:** \_\_\_\_\_

**Do you use a groomer?** \_\_\_\_\_ **If so, list name and phone number** \_\_\_\_\_

**How often do you have your dog groomed?** \_\_\_\_\_

**Please provide two non-related references:**

**Name:** \_\_\_\_\_ **Area Code/ Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Area Code/Phone:** \_\_\_\_\_

### ***Agreement***

**Do you agree to keep an ID tag on your dog at all times? (YES NO)**

**Do you agree to contact us if you can no longer keep the dog? (YES NO)**

**Will you allow us to visit your home prior to the adoption? (YES NO)**

**If you answered no to any of the above, please give a reason.**

**All dogs are spay/neutered, examined by the vet, updated on all shots, heartworm and fecal tested, microchipped and groomed. Applicants must complete an adoption application, have their references checked, and finally have a home visit done. You must sign a placement contract at the time of adoption. Adoption fees vary according to the age of the dog(s) adopted. Please inquire with the adoption coordinator listed below or check our website at [www.wisconsinwestierescue.com](http://www.wisconsinwestierescue.com) for the most current adoption fee structure.**

**I certify that the information provided on this form is true and correct. I am also financially able to care for this animal. I understand that proper food and veterinarian care**

can be costly and I am able to meet these requirements. Home checks are made on a random basis following or prior to adoption. If upon inspection we find the information contained in this application to be false, we retain the right to turn you down or remove the animal from your premises. Your application will be kept on file for ONE YEAR, after that it will be discarded unless you contact us to reactivate it. Please contact us if you turn in an application and no longer wish to adopt a dog from our rescue.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to:  
**Amy Wolfgram**  
**546 Churchill Street**  
**Eau Claire, WI 54703**