

Sunshine State Westie Rescue
ADOPTION APPLICATION

P.O. Box 19415
 Sarasota FL 34276
 Email Completed form to:
westiemom@outlook.com
aggie.sswr@gmail.com

APPLICANT INFORMATION

Name:		Best Ph #:	
Age:	Business Ph #:	2ndry Ph #:	
Current address:			
City:		State:	ZIP Code:
Own	Rent	How Long:	Occupation:
Email Address:			

CO APPLICANT

Co-applicant Name:	
Age:	Occupation:
Relationship:	

DESIRED WESTIE INFORMATION

Desired Gender:		Desired Age:	
Willing to Houstrain:		Reason for adopting a Westie:	

HOME INFORMATION

Home Type:	
Willing to provide statement from landlord or copy of lease?	
Pool or hot tub:	Pool fenced off:
Fenced yard:	Fence type:

ADDITIONAL INFORMATION

Number of Adults:		Number of children:		Ages of children:	
Allergies to dogs:		Asthma:		Primary caretaker:	
Caretaker has experience:		Anyone home in caretakers absence:			
Can that person exercise the dog:			Does job require frequent travel:		
Replacement care during travel:					
Subject to relocation:		What to do with Westie in case of move:			
How will dog be exercised:					
Dog will be alone daily:					
Dog will be alone evenings:					
Where does dog sleep:					
Where will dog be when alone:					

CARE

Prepared to provide treatment:			Commitment for life:		
Against alteration of pets:					

PREVIOUS PETS

Previous pet 1 Name:		Species:			
Breed:	Gender:	Age:	Pet was altered:		
Where is pet now:					
Previous pet 2 Name:			Species:		
Breed:	Gender:	Age:	Was pet altered:		
Where is pet now:					

