

Northern New England Westie Rescue Inc.

DOG ADOPTION APPLICATION

This form may be filled in online and emailed back or printed and mailed

Name of Northern New England Westie Rescue dog you are interested in adopting:

Date of Application _____

Last Name _____ First Name _____ Middle _____

Home Address _____ Email Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Business or Cell Phone# _____

Your Occupation _____ Place of Employment _____

Name of additional responsible adult in household _____

Occupation _____ Business Phone _____

Rent Own Housing type _____

Other (explain) _____

Landlord's Name (if a rental) _____ Landlord's Phone# _____

How many adults in household? _____ Children? _____ Ages of Children: _____

Are any members of your household allergic to animals? YES no

Do you have a securely fenced yard? YES NO Fence height _____ft.

If not, are you willing to: Install a fence? Install a pen?

Install a run? Leash Walk?

How many hours, in an average day, will the dog be left alone?- Why

Where will the dog be kept during this time or what arrangements will be made to let the dog outside to relieve himself/herself?

List Pets that you own, or have owned, in the past 5 years:

Type of Animal (please explain)	Name	Age	Sex	Spayed/Neutered?	Still Own? (if no, please explain)
_____	_____	___	M F	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	___	M F	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	___	M F	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	___	M F	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	___	M F	<input type="checkbox"/>	<input type="checkbox"/>

If you currently own a dog(s), are they on heartworm preventative? Yes No

Name of your Veterinarian:_____

Name of Clinic or Hospital:_____

Address_____

City_____ State___ Phone Number _____

Personal Reference#1 – Name

Address

Phone#

Personal Reference#2 – Name

Address

Phone#

Please explain why you would like to adopt a dog:

By entering your initials on this line_____ and/or signing below, you certify that the information you have given is true and that you recognize that any misrepresentation of the facts may result in you losing the privilege to adopt. You also understand that *Northern New England Westie Rescue Inc.* reserves the right to deny your request for adoption, and you are authorizing the release of information from persons or agencies contacted on this application.

Applicant's signature_____ Date_____

Return your application to; **Northern New England Westie Rescue
Rescue@nnewestierescue.org**

Or return by mail to; **Northern New England Westie Rescue Inc
203 Rosegate Farm Drive
Manchester, NH 03109-5134**

Once you fill out this form, please save it to your computer

Email to: rescue@nnewestierescue.org