

**WESTIE RESCUE MICHIGAN INC.
INFORMATION PROVIDED TO ADOPTER**

This form is to be prepared by the FOSTER HOME and given to the ADOPTER
A signed (by adopter) copy comes to Rescue for our records and a copy goes to the adopter.

WE APPRECIATE YOUR FINANCIAL SUPPORT. Please make checks out to Westie Rescue Michigan, Inc. and attach
or mail to Treasurer, 12460 Pamela Court, Hartland, MI 48353

NOTE: 2 Signatures are required on this document: That of the person representing Rescue and releasing the dog as well as that of the person adopting the dog. This signature is proof that the detailed information about the dog was released to the adopter. A photostatic copy of this executed document shall be considered as valid as the original.

DATE: _____

RESCUE INFORMATION:

NAME: (Representing Westie Rescue Michigan, Inc.): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACTS: PHONE 1: _____ PHONE 2: _____ CELL: _____

EMAIL: _____ OTHER: _____

DOG INFORMATION:

BASIC:

CALL NAME: _____

BIRTHDATE (approx. age if date is not known): _____

GENDER: _____

SPAYED OR NEUTERED: _____

COLOR: _____

TATTOO OR CHIP ID #: _____

SCARS/INJURIES: _____

Registration papers, if they exist, are confiscated by Rescue and not provided to the adopter.

HOW OBTAINED: Owner Surrender Shelter Stray Other _____

Give some background detail: _____

GENERAL DISPOSITION:

Describe the general behavior/disposition of this dog: _____

List any behaviors which need continued work: _____

GETS ALONG WITH:

Children 0-10 (We do not recommend Westies for children under age 10)

Children 11-15 Older Teens Dogs Other Pets

Supplemental Comments:

FEARS/OBSESSIONS: _____

TRAINING

OBEDIENCE TRAINED (FORMAL) _____

HOUSE TRAINED _____

CRATE TRAINED _____

LEASH TRAINED _____

OTHER (detail) _____

BEHAVIOR BARKER _____
DIGGER _____
CHEWER _____
ESCAPE ARTIST _____

GEN'L INFO: SLEEP AREAS _____
ALLOWED ON FURNITURE? _____
DOES TRICKS? _____
RIDES WELL IN CAR? _____
USED TO SEAT BELT OR CRATE IN CAR? _____
USED TO TOOTH BRUSHING? _____

HEALTH VETERINARIAN NAME: _____ PHONE #: _____
Adopter has our permission to contact this vet.
VET RECORDS INCLUDED IN PACKAGE
SHOT RECORDS: See Vet records for details
HEARTWORM PREVENTION: BRAND; _____ DATE LAST GIVEN: _____
One pill should be included in this package; adopter must see vet within a month to get new supply.
HEALTH CONCERNS? _____
WAS DOG EVER PREGNANT (details): _____

FOOD: CURRENT DIET
BRAND NAME _____ FEEDING TIMES: _____
HOW MUCH/HOW PREPARED/TOPPINGS? _____
TREATS: _____

ANY OTHER PERTINENT INFORMATION WHICH MAY BE HELPFUL TO THE ADOPTER: _____

DATE: _____

***SIGNATURE OF RESCUE REPRESENTATIVE:** _____

WITNESSED (Optional) _____

SIGNATURE OF ADOPTER(S) VERIFYING RECEIPT OF A COPY OF THIS INFORMATION:

***ADOPTER 1:** _____

ADOPTER 2: _____

***A minimum of 2 signatures are required on this document.**