

Date Received:  
By Whom:



# Soft Coated Wheaten Terrier Club of Northern California BREED RESCUE *Adoption Application*

**\*\*\* You MUST reside in Northern California to participate in this rescue program \*\*\***  
**\*\*\* If you live outside Northern California, please visit <http://www.scwtca.org/rescue.html> \*\*\***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_



Why do you want to adopt a Soft Coated Wheaten Terrier? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously owned a Wheaten?  Yes  No

What other breed(s) of dog(s) have you owned? \_\_\_\_\_  
\_\_\_\_\_

What has happened with your previous dog(s)? \_\_\_\_\_  
\_\_\_\_\_

Please specify type, age and sex of all dogs and other pets in your home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you spoken with Wheaten breeders about the dogs and their temperaments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people are in your household? \_\_\_\_\_  
List ages of anyone under 18 \_\_\_\_\_

Do you live in a house, apartment, condominium, etc. \_\_\_\_\_?  Own  Lease

How much time do you expect to spend with you dog during an average day? \_\_\_\_\_

How many hours during the average workday will the dog be left alone? \_\_\_\_\_

What will you do with the Wheaten while you are away from home? \_\_\_\_\_

Are you allowed to have dogs where you live? \_\_\_\_\_

Where do you plan to exercise the dog? \_\_\_\_\_

Where do you intend to keep the Wheaten? \_\_\_\_\_

What will happen to the Wheaten when you go on vacation? \_\_\_\_\_

What grooming needs of a Wheaten are you aware of? \_\_\_\_\_

Are you aware of health issues that have a higher than normal incidence in Wheatens? \_\_\_\_\_

Will you obedience train the Wheaten?  Yes  No

Are you willing to adopt a Wheaten that needs additional training?  Yes  No

Would you consider adoption a special needs dog?  Yes  No

Do you have a preference as to sex?  Male  Female  Either

Please list your age limitations: \_\_\_\_\_

Who will be the primary pet caregiver: \_\_\_\_\_

Are you prepared to make a 10 – 15 year commitment to the dog? \_\_\_\_\_

Do you have experience crate training? \_\_\_\_\_

Do you currently have a veterinarian?  Yes  No

If yes, please give name, address and telephone: \_\_\_\_\_

Date Received: \_\_\_\_\_  
By whom: \_\_\_\_\_

Please describe your ideal Wheaten:

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Additional information you would like to give us:

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I hereby certify that all the information contained on this application is true and correct. I certify that I am over 18 years of age. I certify that my purpose in adopting a Soft Coated Wheaten Terrier is to have a family pet and not to use for research. I understand that I will be required to sign a Conditions of Adoption Agreement and a Placement Agreement. This application will become part of those agreements, and any misrepresentation in this agreement will constitute a breach of the Conditions of Adoption and the Placement Agreement.

Signature

Date

Please return the completed application to SCWTCNC Rescue at the address below:

Susan Solsby  
*SCWTCNC Rescue*  
36481 Bridgepointe Drive  
Newark, CA 94560  
Email: [rescue@scwtcnc.org](mailto:rescue@scwtcnc.org)

**NOTES**

1. The adoption fee is \$350 for Wheatens 5 years of age or younger and \$200 for Wheatens older than 5 years. The adoption fee is due on receipt of the Placement Agreement.
2. Please make check payable to SCWTCNC RESCUE.
3. SCWTCNC Rescue is funded entirely through private donations and adoption fees.