

Adoption Application

Name _____ Birthday _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Type of Bird of interest _____

On a scale to 1 – 10 What do you feel your bird experience is _____

Explain past bird experience if any _____

Who will the current Caregiver be? _____

Parrots need regular veterinary care. Who will you use as your Exotic/Avian certified Vet? _____

Parrots often outlive their owners. How is your health and what is is your long term plan after you are gone?

What kind of home do you live in? (Rental, Own) _____ How long? _____

When adopting a bird, it is incredibly important that everyone that lives in your home understand and approve

of the adoption. Who lives with you? _____

Do you have other animals? If so what? _____

Have you ever had to rehome a pet? If so, Why? _____

Long term, can you afford this bird? (Regular Vet care, Healthy foods, Safe toys & housing) _____

Adopting is a lifelong commitment. Can you commit to forever loving this bird? _____

References- Give us 2 names and phone numbers of people, not living with you, that can tell us a little about you.

Name _____ Phone _____

Name _____ Phone _____

****Please note that filling out this application does not approve your adoption.***

Signature _____ date _____

Office Use only.

_____ Home Check

_____ Visit Dates _____

_____ Approved or Denied (2 sign's required)
