

Parrots First

13063 Gladstone Ave

Sylmar, CA 91342

(866) 712-8899

<http://www.parrotsfirst.org>

ADOPTION APPLICATION

NAME: _____ AGE: _____

Spouse/Significant other: _____

Children/Ages: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Email: _____

Occupation/Self:

Occupation/Significant Other:

Do all of the adults in your household know that you are applying to adopt a bird?

Yes: ____ No: ____

Does anyone in your household smoke? Yes: ____ No: ____ where do they smoke?

Do you live in a: House ____ Condo ____ Apartment ____

If you rent, does your landlord allow pets? Yes ____ No ____

Name of Landlord/Phone #: _____

How did you hear about Parrots First?

Who will the primary caregiver for the bird?

What experience does the primary caregiver have with parrots?

Do you subscribe to any bird related publications? Please list:

On average, how many hours a day will the bird be alone?

Do you currently have birds living in your home/Please list species and total number of birds?

Do you have an avian vet?

Name/Address/Phone #:

What species are you interested in adopting?

“If you consider that we cannot save them all, and what difference does one make? You ought to know the joy of the one who is saved. “

We Are Their Heroes
Copyright Jim Willis 2001

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Please explain why:

What traits are you looking for in a bird?

Are you aware that your bird could develop or may already have bad habits such as screaming/biting/destroying furniture, blinds, drapes and more? Yes _____ No _____

What would you do if the bird developed any of these undesirable habits?

Under what conditions would you consider giving the bird up?

Do other animals live in your home? Please list Breed/Quantity/Species:

Please list all pets that you have had and how the relationship ended:

Are you aware that exotic birds require a great deal of care and that proper maintenance may be expensive and time consuming? Yes _____ No _____

Please list three personal references and their contact information.

By signing below I do affirm that to the best of my knowledge all of the answers above are true and correct.

Signed:

Date:

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