

# Parrots First

13063 Gladstone Ave  
Sylmar, CA 91342  
**(866) 712-8899**  
<http://www.parrotsfirst.org>

## Bird Acquisition Form

Thank you for taking the time to complete this acquisition form in its entirety. The information provided will help us understand your birds' needs. Please do not hesitate to call with questions or assistance in completing this form. If placement is the only alternative for you, contact your veterinarian for complete medical records and return with this form.

## Contact Information

Bird's Name \_\_\_\_\_ Species \_\_\_\_\_  
Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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I hereby authorize the release of ALL medical records pertaining to the above listed bird(s) to representatives of Parrots First

Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby donate to Parrots First, Inc., the above listed bird(s) to be placed in the Parrots First adoption program. I relinquish all claims to the above listed bird(s).

\_\_\_\_\_  
*Donor's Signature*                      *Print Donor's Name*                      *Date*

The above-mentioned bird(s) has been accepted for Parrots First by:

\_\_\_\_\_  
*Parrots First Representative's Signature*                      *Print Parrots First Representative's Name*                      *Date*

A copy of this document will be provided to the adopting party. If you wish Parrots First to withhold your name and contact information, please check here.

## Bird Information

Bird's Name \_\_\_\_\_ Species \_\_\_\_\_

Hatch Date \_\_\_\_\_ Age \_\_\_\_\_ Sex (if known)  M  F

How and when was the sex verified? \_\_\_\_\_

When did you acquire your bird? \_\_\_\_\_

Where did you acquire your bird?  Pet store  Breeder  Animal shelter  Bird club  Private party  
 Friend or family  Gift  Other \_\_\_\_\_

Please provide contact information for your bird's breeder, pet shop, or previous owner:

Contact Name \_\_\_\_\_ Store/Business \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Veterinary Information

**Please obtain complete vet records and attach to this acquisition form.**

Do you currently have an avian veterinarian?  Yes  No If yes, please provide contact information:

Avian Vet's Name \_\_\_\_\_ Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

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

Clinic Phone \_\_\_\_\_ Clinic Fax \_\_\_\_\_

How often do you take your bird to the vet? \_\_\_\_\_ When was your bird's last vet visit? \_\_\_\_\_

What was the reason for this visit? \_\_\_\_\_

Is your bird banded?  Yes  No If yes, what is the band number(s)? \_\_\_\_\_

Is your bird micro-chipped?  Yes  No If yes, what brand? \_\_\_\_\_

Is your bird DNA registered?  Yes  No If yes, with whom? \_\_\_\_\_

Describe your bird's overall physical condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your bird ever sustained any injuries?  Yes  No If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Has your bird ever had any surgeries?  Yes  No If yes, please describe and give reason(s) \_\_\_\_\_

\_\_\_\_\_

“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. “

Has your bird ever been treated for any diseases?  Yes  No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Has your bird ever taken any medications?  Yes  No If yes, please list and give reason(s) \_\_\_\_\_  
\_\_\_\_\_

Has your bird ever been on herbal or other alternative therapies?  Yes  No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Does your bird have any medical/physical condition that requires treatment and/or a specialized caging/play area?  Yes  No  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

## Current Diet

Describe your bird's current daily diet \_\_\_\_\_  
\_\_\_\_\_

List the foods your bird currently eats, including specific food names and brands:

Seeds \_\_\_\_\_ Pellets \_\_\_\_\_

Nuts \_\_\_\_\_ Treats \_\_\_\_\_

Cooked Foods \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fruits and Vegetables \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Table Foods \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Junk Foods \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Foods \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use vitamin supplements?  Yes  No If yes, how do you give them? \_\_\_\_\_

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## Routine Care

Who is your bird's primary caregiver? \_\_\_\_\_

When you go on vacation, who cares for your pets? \_\_\_\_\_

Describe your bird's cage, including size, brand, and model (if known) \_\_\_\_\_

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Does the cage have a grate?  Yes  No    How many perches does the cage have? \_\_\_\_\_

What type of perches does your bird prefer? \_\_\_\_\_

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How often do you clean the cage? \_\_\_\_\_

How do you disinfect the cage? \_\_\_\_\_

Does your bird use a separate sleeping cage?  Yes  No    If yes, please describe \_\_\_\_\_

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Describe your bird's favorite toys \_\_\_\_\_

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Describe your bird's playtime activities \_\_\_\_\_

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Describe your bird's sleeping habits, including bedtime, wake-up time, nap times, and hours of sleep each day \_\_\_\_\_

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Does your bird ever have night frights?  Yes  No    Do you cover your bird's cage?  Yes  No

Describe your bird's bathing habits, including frequency, likes, and dislikes \_\_\_\_\_

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"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."

Describe your bird's play area(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your bird destructive?  Yes  No Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many hours a day does your bird spend outside the cage? \_\_\_\_\_

How many hours a day does your bird spend home alone? \_\_\_\_\_

Do you leave the radio, TV, or other audio/video on for your bird?  Yes  No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Are there any other birds or pets in your home?  Yes  No If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Behavior

Is your bird hand tame?  Yes  No Please explain \_\_\_\_\_  
\_\_\_\_\_

List other members in your household and describe how they interact with the bird \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is your bird's favorite person? \_\_\_\_\_

Does your bird like children?  Yes  No Please explain \_\_\_\_\_  
\_\_\_\_\_

Does your bird like visitors in the home?  Yes  No Please explain \_\_\_\_\_  
\_\_\_\_\_

Does your bird interact with other birds?  Yes  No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Does your bird have any known behavioral problems (e.g., screaming, plucking, chewing, biting, etc)?  Yes  No  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"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."

Has your bird ever seen a behaviorist?  Yes  No If yes, who, when, and what were the results? \_\_\_\_\_

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List any changes within your household that may have contributed to the above behavioral problems \_\_\_\_\_

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Why are you considering placement of your bird with Parrots First? \_\_\_\_\_

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Would assistance with education or behavior modification be a possibility as a means for you to keep your bird?  Yes  No

Please explain \_\_\_\_\_

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How did you learn about Parrots First? \_\_\_\_\_

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