

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: _____ Cell: _____

Email: _____

Occupation/Self: _____

Occupation/Significant Other: _____

Do all the adults in the house know that you are applying to adopt a bird? YES _____ NO _____

Does anyone in your household smoke? YES _____ NO _____ If so, where? _____

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

Does your landlord allow pets? YES _____ NO _____

Name of Landlord/Phone: _____

How did you hear about Parrots First: _____

Who will be 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? _____

“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. “
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Do you have an avian vet? YES _____ NO _____

Vet Name/Address/Phone: _____

What species are you interested in adopting? _____

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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