

Parrots First

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<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 _____

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) _____

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

What type of perches does your bird prefer? _____

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 _____

Describe your bird's favorite toys _____

Describe your bird's playtime activities _____

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

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 _____

"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 _____

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

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

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

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

Please explain _____

How did you learn about Parrots First? _____

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