



Application for Adoption of a Bird

Animal name: _____

Angel's Wish is dedicated to reducing animal overpopulation, rehoming companion animals, and raising awareness of animal welfare issues in South Central Wisconsin

In order to be considered for an adoption, you must:

- Be at least 18 years of age
- Have formal identification
- Have the consent of all adults living in the household
- Understand that Angel's Wish, Inc. has the right to deny or accept any application

PLEASE PRINT:

Name _____ Date _____

Address (No PO box, please) _____

City _____ State _____ Zip _____ e-mail _____

Home phone _____ Work phone _____ Cell _____

I live in a: House Apartment Condo Mobile Home Duplex Other (list) _____

I: Rent Own Live at parents' or relatives' home Length at residence _____

Landlord (name and phone) _____

Condo association (name and phone) _____

Place of Employment (name and address) _____

Length of service: _____

Number of family members or roommates in your household. (list ages of children) _____

If you do not have a landlord *or* a veterinarian, please list two references and phone numbers.
(Not relatives or people who live in your household)

1. _____

2. _____

Is this your first experience with a bird? yes no

Who will be the primary caretaker of the bird? _____

Who will care for the bird when you travel? _____

Where will the bird's cage be located in your home? _____

How many hours a day will the bird be left alone? _____ How many playing with and interacting with the bird? _____

How will you deal with any destructive or annoying habits (chewing, loud screaming) the bird may exhibit? _____

How will you educate yourself and other family members to the care and needs of an exotic bird? _____

List 3 dangers for a bird in a typical household including, but not limited to, other pets? _____

List 3 foods you can safely feed an exotic bird besides their normal seed or pellet diet? _____

Are you aware that cigarette smoke is very harmful to birds. yes no

If someone in the household smokes, will the bird be isolated from second hand smoke? yes no

How? _____

What animals have lived with you in the last 5 years, including current pets?

Name	Cat, Dog, Bird Other (specify)	Age	Gender	Spayed or Neutered?	Is the animal kept inside/outside?
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Are any of these animals deceased? yes no If yes, please list. _____

Are the animals currently in your household up-to-date on vaccinations? yes no

If no, please explain _____

What veterinarian do your animals see? Clinic Name _____

City _____ Phone _____

Does your current veterinarian treat birds? yes no

Have you ever given up an animal? yes no

If yes, please explain: _____

Should medical or behavioral problems occur, are you willing to work to correct/treat? yes no uncertain

How did you hear about our adoption service?

Internet friend/family Mounds PetSmart newsletter Other _____

Veterinarian; if so, which veterinary clinic? _____

Birds may live for 15 years or longer and will need your committed care for his/her lifetime.

By placing or signing my name to this application, I certify that the information I have given is true. I realize that any misrepresentation of facts may result in my losing the privilege of adopting a cat from Angel's Wish. **I understand that Angel's Wish, Inc. has the right to deny my request to adopt an animal for any situation that would be contrary to the organization's adoption policies, in violation of any state or local ordinances, or not in the best interest of the animal, as determined by Angel's Wish, Inc.** I authorize verification of all statements in this application, and I also authorize my veterinarian to release any information requested by Angel's Wish, Inc.

Signature _____ Date _____

Thank you!

Office use only: Adoption Coordinator _____ Vet Ck _____ Rent Ck _____ Date _____

Notes