

Adoption Application
Feathered Family Inc.



Thank you for your interest in adopting a parrot from Feathered Family. Completion and return of this form is the first in several steps to adopting a bird from us. The information you provide here will be used as a form of pre-screening. This application is in no way a contract between you and Feathered Family, and in no way guarantees you a bird.

Please fill this form out completely. Applications that are not complete are not eligible for consideration for adoption. When you are finished please mail it to the address at the bottom of this page. Thank you.

Applicants Name _____

Spouse Name _____

Address _____

City, State, and Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Children: Name and Ages

Primary Employment _____

Place of Employment _____

Address _____

City, State and Zip _____

Years Employeed _____

Are you required to travel for work? Yes No

Who cares for your pets while you are away or on vacation? _____

If not currently employed, please list means of supporting yourself and the bird you wish to adopt _____

Your Age: 18-25 26-45 46-65 Over 65

Are all parties in the house aware that this application is being made? Yes No

Do you presently own birds? Yes No

If yes please list: including species, name and how long you have owned them below

If no to the above question, have you ever owned a bird? Yes No

If yes to the above question, is this bird listed above? Yes No

Why did you part with the bird(s)?

Type of Housing: House Condo Apt Rent Own Other, Please Explain

If renting, does your landlord allow pets in the property? Yes No

May we verify this? Yes No

Landlord's name _____

Phone _____

Does anyone in your home smoke? Yes No

Where in your home would you keep this bird?

Do you own other pets? Yes No If yes, please list below

What species of bird are you interested in adopting? _____

Why this species? _____

Explain proper care and nutrition for this species:

Explain proper training for this species: _____

Would anyone in your family accept this bird if you were no longer able to care for it?

Yes No Don't Know

Do you own reliable transportation? Yes No

Your Veterinarian _____

Phone _____

Is this an Avian Veterinarian? Yes No Don't know

References:

Please provide three references not related to you, and how long known:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

What characteristics are you looking for in a companion bird?

Under what circumstances would you NOT want to keep your bird?

Does anyone in your home have allergies? Yes No If yes, please explain:

Are you aware that exotic birds may develop bad habits (destruction of clothing, furniture, drapery or anything within reach; biting, screaming, dislike of strangers or your mate, leaving droppings everywhere) and that these habits can become difficult to break; that birds require a great deal of attention and maintenance; that they can be expensive to keep, feed, house, entertain, and in good health?

Yes No

IF you were to adopt a bird and it developed a bad habit, what would you do?

Please mail this completed application to:

Feathered Family
Po Box 1133
Erie CO 80516-1133
