

# Under My Wing Avian Refuge

A 501 c 3 non-profit Organization  
PO Box 233, Franklin, NJ 07416  
Web: [www.exoticbirdsrefuge.org](http://www.exoticbirdsrefuge.org)

## Exotic Bird Adoption Application

Under My Wing Avian Refuge takes Bird ownership a very serious responsibility.

Our policy is to assure that each person adopting a bird is aware of this responsibility and that they are fully capable of accepting it.

Exotic birds are very special creatures with individualized needs and we need the assurance that every adoption is the best possible situation and in the best interest of the birds in our care.

Our adoptions include to periodically checking up on how the bird and new owner are doing.

This application has been designed to serve both you and us in placing our birds in the most suitable home, both for the bird and his human companion.

The application will not be processed if adoption fee is not received. (See below).

All information in the application will remain confidential without your written permission to release it. Additional application requirement is listed below.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Other: \_\_\_\_\_

Type of Dwelling: \_\_\_\_\_ How Long Y/M: \_\_\_\_\_

Do you have your home/apartment treated or exterminated for roaches, crawling and or flying bugs?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Indoor: \_\_\_\_\_ Outdoor \_\_\_\_\_ Both \_\_\_\_\_

If less than 2 years list your previous address: \_\_\_\_\_

\_\_\_\_\_

Proximity of closest neighbor: \_\_\_\_\_

Landlord's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

Full Name of Spouse/Partner/Roommate: \_\_\_\_\_

Relationship: \_\_\_\_\_

If relationship changes, who would keep the bird? \_\_\_\_\_

Applicant Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Basic Week Schedule: \_\_\_\_\_

Co-Applicant's Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Basic Week Schedule: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Number of Smokers in your household (Include Self): \_\_\_\_\_

Number & type of pets in and around your home other than birds: \_\_\_\_\_

Do you keep birds now? Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

If "Yes" how often do they receive Veterinary care? \_\_\_\_\_

What Type of birds do you have?

\_\_\_\_\_

If adoption is approved, are you willing to provide Veterinary records or a Certificate of health for all pets living in household? Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not have birds presently, have you ever had any experience with birds?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" which species? \_\_\_\_\_

If you are a novice at bird ownership are you or are you willing to be involved in a process of self-education to expand your education of the avian species? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

What is the year round temperature in your home:  
\_\_\_\_\_

Do you enjoy and make use of candles, tea candles, incense or burning oils? Yes \_\_\_ No \_\_\_

If "Yes" how often are they used? \_\_\_\_\_

Since Aerosol sprays, Oven Cleaners or Self Cleaning Ovens are toxic for birds are you prepared not to make use of them in your home? Yes \_\_\_ No \_\_\_

Is your home or individual rooms equipped with Air Purifiers? Yes \_\_\_ No \_\_\_

Are you aware that making use of perfumes, after shave, most body sprays and leave-in conditioners can be irritable/toxic for birds? Yes \_\_\_ No \_\_\_

Are you aware that birds will bite your fingers, neck, chest or face to get to your jewelry?  
Yes \_\_\_ No \_\_\_

How quickly do you need to adopt a bird and why? \_\_\_\_\_

Which species are you willing to adopt? \_\_\_\_\_

Are you willing to adopt a physically challenged bird? Yes \_\_\_ No \_\_\_

Why or why not: \_\_\_\_\_

How important to you are the following characteristics in a companion bird?  
(Rate each attribute on a scale of 1-10. 1 being particularly important and 10 being very important.)

Color \_\_\_ Size \_\_\_ Intelligence \_\_\_ Talker \_\_\_ Price/Value \_\_\_

Easy of care \_\_\_ Cuddliness \_\_\_ Uniqueness \_\_\_ Personality \_\_\_

Sex \_\_\_\_ Friendly \_\_\_\_ Well Socialized \_\_\_\_

What do you expect from a parrot? \_\_\_\_\_

Are you aware that exotic birds are known to develop bad habits (destruction of clothing, furniture, woodwork and anything within reach, biting and screaming behavior, feather plucking and tapping, disliking of family members (this may include you or your mate), throwing of food on floors and making a mess of your walls, leaving poop dropping everywhere they are because they poop every fifteen minutes? Yes \_\_\_\_ No \_\_\_\_

If the bird will begin to develop bad habits as listed above will you be willing and can you afford to pay for an avian behaviorist to correct his/her behavior? Yes \_\_\_\_ No \_\_\_\_

Are you aware that parrots require a tremendous amount of attention and maintenance and can be very expensive to upkeep a healthy diet and mental stimulation? Yes \_\_\_\_ No \_\_\_\_

Under what circumstance would you be willing to not keep the bird? \_\_\_\_\_  
\_\_\_\_\_

Who will be the primarily responsible for the bird care? \_\_\_\_\_

What is your initial budget for the bird you are willing to adopt? \_\_\_\_\_

Does this budget include cage, necessities, State registration and Veterinary cost?  
Yes \_\_\_\_ No \_\_\_\_

What is your yearly estimated budget for the bird you are willing to adopt, including regular Veterinary care, emergencies and hospitalization, food, toys, cleaning supplies and other items?  
\$ \_\_\_\_\_

Will you be providing a new cage for the bird? Yes \_\_\_\_ No \_\_\_\_

Will you be providing a used cage? Yes \_\_\_\_ No \_\_\_\_

If Used cage, what condition is the cage in? (Rust, chipped paint....) \_\_\_\_\_  
\_\_\_\_\_

If used cage, will you have used cage tested for Zinc and Lead before adoption and send us results? Yes \_\_\_\_ No \_\_\_\_

List manufacturer of cage, exact interior dimensions and space between bars. \_\_\_\_\_  
\_\_\_\_\_

Where in the household the bird's cage, stand and toys be located? \_\_\_\_\_

What kind of food will you feed your bird? \_\_\_\_\_

How often will the bird be fed? \_\_\_\_\_

How often should the bird be offered fresh water in a clean dish? \_\_\_\_\_

Who will take care of the bird during vacations or unexpected emergency of your absence?

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Our adoption contract states that adopted bird must be checked by our Veterinary twice in one year. First visit is within 7 days of adoption, are you willing to do this?

Yes \_\_\_ No \_\_\_

Who will be your Avian Veterinarian after the one year contract expires?

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Are you willing to allow Under My Wing Avian Refuge monitor the bird's progress for one year?

Yes \_\_\_ No \_\_\_

Lifetime Pet History, please include pet's name, species or breed, time with you, how relationship ended, and if passed where was the pet buried or what happened to its corps?

List one relative who lives nearby

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

List three non-relative references that live nearby

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

List two next door neighbors

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Do you have an application pending in a different avian rescue? Yes \_\_\_ No \_\_\_

If "Yes" when did you apply? \_\_\_\_\_

If "Yes" and your application will be approved will you be adopting more than one bird?

Yes \_\_\_ No \_\_\_

Have you ever been charged with and convicted of any type of animal abuse, neglect or abandonment? Yes \_\_\_ No \_\_\_

If "Yes" please explain: \_\_\_\_\_

Where you referred to Under My Wing Avian Refuge? Yes \_\_\_ No \_\_\_

How did you hear about Under My Wing Avian Refuge? \_\_\_\_\_

Thank you for completing our online adoption application. Your application will be sent to our Board Members for review and consideration. If approved, this application will become part of the Adoption Contract.

Note: If, for any reason, you are unable to keep the bird at anytime in the future, you are under obligation with us and the bird's ownership reverts back to Under My Wing Avian Refuge.

You or any other person may NOT sell, trade, or give the bird to a third party.

If for any reason bird will be lost, stolen or flew away, posters, flyers and such alike must be done by the owner with a reward for the bird's return and you must notify us immediately.

If for any reason the bird may pass away, it is your obligation to have the bird necropsies then buried or cremated. Such reports must reach our office within one week of bird's death.

You many NOT breed the bird or use for any profit gain or monetary exchange.

In order for this application to be valid and accepted for adoption process, please include 2 forms of ID, residency verification and a non-refundable fee in the amount of \$20.00 to:

Under My Wing Avian Refuge  
PO Box 233  
Franklin, NJ 07416

Adoptee Signature of Verification and Acceptance

Date:

\_\_\_\_\_

\_\_\_\_\_

Please allow 2 weeks for process before contacting us on application status.