

P.O. Box 14694, Richmond, VA 23221 • Phone: 804-378-2000 • Fax: 804-378-2018 E-mail: healanimals@gmail.com • Website: www.richmondwildlifecenter.org

## **Pet Bird Adoption Application**

All applications must be filled out, signed, and emailed, faxed, or mailed to us. In order to become an adoptive parent for a Richmond Wildlife Center animal, you must complete our screening requirements, a phone screen, and where applicable a home visit. You will be contacted by phone or email as soon as we have reviewed your application.

Please answer all questions and feel free to explain any answers or add any comments. If a question does not apply, please write N/A.

Name:
Email:
Address:
City/State/Zip:
Home Phone:Cell Phone:
Driver License Number:
I am over 21 years of age  Y N
Talli over 21 years or age   1   1
Which bird would you like to adopt and why?
Spouse/Significant other/Roommate Name:
If this relationship were to change, who do you anticipate keeping the bird?
Do all adults in your household know that you are applying to adopt a bird?   N  Who in the family initiated the desire to adopt a bird?
Who will be primarily responsible for the bird's care?
Children's ages:
Do you travel a great deal?  Y N When you are away, who will care for the bird?
Type of dwelling:  House Condo Apartment Other
<b>Do you:</b> ☐ Rent ☐ Own If you rent, do you have your landlord's consent to have a bird? ☐ Y ☐ N (Please provide written proof.)Landlord's name and phone:
Would you allow an inspection of, and post-placement follow-up visit to your Premises by an Animal Services of Richmond volunteer?   N
Do you currently have any birds?  Y N N If yes, how many and what species?

How long have you had each bird?
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Have you taken care of birds in the past that you no longer have? If so, what species?
N/Lest ethan primate de conclusion (Paragrafia)
What other animals do you have? (Be specific)
Do you have a separate quarantine area for new birds (a separate room with a door shut)? $\square$ Y $\square$ N If you have birds, are your bird's wings clipped? $\square$ Y $\square$ N If yes, who clips them?
How do you currently discipline your birds? Be specific.
What do you feed your birds? Be Specific.
Do you/would you let your birds out of the cage daily?   Y  N  If yes, for how long and where are they when they are out?
What would you do if you came home one day and found your bird on the bottom of the cage, obviously ill?
Are you aware that pet birds may develop bad habits (Destruction of clothing, furniture, draperies, or anything within reach; biting, screaming, dislike of strangers or your mate, leaving droppings everywhere) and that these habits can be difficult to break; that they require a great deal of attention and maintenance; that they can be expensive to keep fed, healthy, housed, and entertained?   Y  N  If the bird does develop a bad habit, what would you do?

Are you interested in adopting a bird for breeding purposes? $\square$ Y $\square$ N Are you planning to keep your adopted bird(s) in an aviary situation? $\square$ Y $\square$ N If yes, indoors or outdoors:
Are you aware that bird medicine can be very expensive should your bird get sick?  \[ Y \] N  If your bird does become ill, will it be a financial burden for you?  \[ Y \] N  If yes, would you take him/her to the vet anyway?  \[ Y \] N  Would it be a hardship for you to take your bird to an avian vet for annual check-ups?  \[ Y \] N  Do you know an avian veterinarian?  \[ Y \] N  If yes, who?
What vet hospital does s/he work for?
In what city?
Would you like us to recommend an avian veterinarian? \( \subseteq \text{Y} \subseteq \text{N}
Under what circumstances would you NOT wish to keep the bird?  Moving Biting/aggressive to pets/humans Color Uniqueness Divorce/separation Allergies Size Cuddliness New baby Doesn't get along with other pet Ease of Care Talking New job New relationship Personality Price Loud/noisy Bird develops serious illness Uniqueness Prefers one person over another
PLEASE READ BEFORE SIGNING
Please understand that filling out this application does not guarantee approval for adoption. Failure to provide contact information may void this application. I certify that the information on this application is true and recognize that any misrepresentation of the facts may lead to the loss of my adoption privileges. I authorize representatives to verify all information on this application and will allow an in home inspection any time before and after the adoption. Please take into consideration a pet bird, depending on species, can live 3-60 or more years. You must be prepared to make this commitment. By signing below, you are indicating that <i>you have never been convicted of animal cruelty, neglect, or abandonment</i> pursuant to the Code of Virginia § 3.2-6546 D
Printed Name:
Signature: Date: