



EXOTIC AVIAN SANCTUARY OF TENNESSEE

ADOPTION AND FOSTER APPLICATION

NAME: _____ AGE: _____

Spouse/Significant other: _____

Children/Ages: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Email: _____

Occupation/Self: _____

Occupation/Significant Other: _____

Are you interested in Foster or Adoption (or both) _____

Do all of the adults in your household know that you are applying to adopt/foster a bird?

Yes: ___ No: ___

Does anyone in your household smoke? Yes: ___ No: ___ where do they smoke? _____

Do you live in a: House ___ Condo ___ Apartment ___

If you rent, does your landlord allow pets? Yes ___ No ___

Name of Landlord/Phone #: _____

How did you hear about East? _____

Who will the primary caregiver for the bird? _____

What experience does the primary caregiver have with parrots? _____

On average, how many hours a day will the bird be alone? _____

Do you currently have birds living in your home/Please list species and total number of birds? _____



Do you have an avian vet? Yes _____ No _____

Name/Address/Phone #: _____

What species are you interested in adopting/fostering? Please explain why:

Are you aware that exotic birds require a great deal of care and that proper maintenance may be expensive and time consuming? Yes _____ No _____

Are you aware they require annual checkups? Yes _____ No _____

Are you aware that your bird could develop or may already have bad habits such as screaming/biting/destroying furniture, blinds, drapes and more? Yes _____ No _____

What would you do if the bird developed any of these undesirable habits?

What will you do if the bird dislikes you or another member of the household?

Do other animals live in your home? Yes _____ No _____

Please list Breed/Quantity/Species: _____

What would the bird's primary diet be? _____

Do you offer fruits, vegetables, nuts? Yes _____ No _____

Do you use Teflon coated cookware, air fresheners, or scented candles? Yes _____ No _____

Will you clip the bird's wings to prevent flight? Yes _____ No _____



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What size/type of cage/housing will you provide for the bird? _____

Where will the cage be placed? _____

Do you plan on breeding? Yes _____ No _____

Is a reasonable adoption fee acceptable to you, if applicable? Yes _____ No _____

Under what circumstances would you consider giving up the bird? (circle all that apply)

Moving Job status change Allergy New Relationship Too expensive

Divorce/Separation Behavior issues Feather Plucking Does not 'talk'

Serious illness Doesn't like you Biting or Screaming behaviors

Cannot spend enough time w/bird Neighbor/family complaints Family addition

Other (explain)

Please list three personal references and their contact information.

By signing below I do affirm that to the best of my knowledge all of the answers above are true and correct.

Signed: _____ Date: _____

Please send signed form by email or post office:

email – info@tnavianrescue.org