



EXOTIC AVIAN SANCTUARY OF TENNESSEE, INC.
ADOPTION APPLICATION

Date: _____

Your Name: _____ Age: _____

Email: _____

Spouse/Significant Other: _____

Children (number & ages): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Occupation/Self: _____

Occupation/Significant Other: _____

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 _____

If yes, 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? _____

If you currently have birds living in your home, please list species and total number of birds:



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Do you have an avian veterinarian? Yes _____ No _____

Vet's Name _____ Phone #: _____

Address: _____

What species are you interested in adopting and 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, woodwork, 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 have an aviary or safe way to provide a parrot with fresh air and direct sunlight? Yes _____ No _____

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? (check all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Job status change | <input type="checkbox"/> Allergy | <input type="checkbox"/> New Relationship |
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Behavior issues | <input type="checkbox"/> Feather Plucking |
| <input type="checkbox"/> Does not 'talk' | <input type="checkbox"/> Serious illness | <input type="checkbox"/> Doesn't like you | <input type="checkbox"/> Biting or Screaming behaviors |
| <input type="checkbox"/> Cannot spend enough time with bird | <input type="checkbox"/> Family addition | <input type="checkbox"/> Neighbor/family complaints | |
| <input type="checkbox"/> 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: _____