

WAES RESCUE BIRD APPLICATION

Name and address

Number and names of people in family, name of bird desired

Name of primary caretaker, and age if child

Number and species of other birds in home, their caging and diets and opportunities for play and exercise

Name of avian vet

Number and type of other pets in home

Describe room bird will be kept in, including other birds kept in room and approximate size of cage bird will be kept in

Do you have any experience that would help you care for a special needs bird?

Please describe proposed diet for this bird

Please explain why you want this bird

Please state what your plans are for staying current and informed on avian care, e.g., club activity, magazines subscribed to, etc.

Do you intend to breed this bird? Y/N If so, are you willing to donate 1/2 the proceeds of the sale of one baby to the WAES? Y/N

Do you agree to take this bird in for at least a yearly checkup with your avian vet? Y/N

By your signature below you authorize the WAES to confer with your avian vet regarding the health and care of your birds, you further authorize said vet to reveal said information, and will hold both the WAES and said vet harmless therefrom. You further agree to be bound by the written policies of the WAES Avian Adoption Program.

Dated this _____ day of _____, 20_____.

applicant