

H.A.P.P.E. PARROTS RESCUE, INC.

Helping with the Adoption & Placement of Parrots Everywhere!

1112 W. Boughton Rd. #176
Bolingbrook, IL. 60440
630-759-7363 Fax: 630-759-2974
wingnutz2@aol.com
www.happeparrotsrescue.com

Adoption Application

PLEASE PRINT NEATLY AND FILL OUT COMPLETELY

Bird ownership is a lifetime commitment. H.A.P.P.E. PARROTS policy is to insure that each family adopting a bird can provide suitable housing, is morally, emotionally and financially capable of providing for the bird. You must be at least 18 years of age to adopt a bird from H.A.P.P.E. PARROTS. This application is designed to provide H.A.P.P.E. PARROTS with necessary preliminary information to begin our adoption process. Please fill out all questions completely. Any unanswered questions could result in this application being returned and not processed. Filling out this application will not guarantee that you will adopt a bird from H.A.P.P.E. PARROTS. Our first and only concern is for the welfare and safety of the birds in our care.

GENERAL INFORMATION

Date: _____

Name (Person completing form): _____

Phone Number: _____ Cell Number: _____

E-mail Address: _____

Home Address: _____ City: _____

_____ State/Zip _____

What type/species of parrot are you interested in adopting? _____

FAMILY STRUCTURE

1. How many people reside at the applicant's address? _____

2. What are everyone's ages? _____

3. Have you ever had an exotic bird? If yes, when? What type of bird & How long did you have the bird? _____

(3A) How important is it that the selected bird like and interact with all family members? Please check which pertains to you. Very important () Not very important ()

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(3B) Are there any family members that may object to adopting a bird? Who?
Why? _____

(3C) Are you interested in giving this bird as a gift? Yes? No?

BIRD EXPERIENCE

4. Do you currently have other birds living in your home? Yes No If yes, please list species and how many:

Species/Age	How Many?	Species/Age	How Many?
_____	_____	_____	_____
_____	_____	_____	_____

5. How long have you owned the bird(s) listed above? _____

6. If you currently have a bird(s), when was the last vet visit? _____

7. Please list the current diet that you feed your bird(s). _____

8. If you already have a bird(s), do you have an area for quarantine and adjustment? Yes No

9. Do you need instruction and/or information regarding proper quarantine protocol? Yes No

10. Have you previously owned a bird(s) that you no longer own? Yes No If yes, what happened to these birds?

11. Please list any other bird experience that you may have: _____

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(11A) Who will be primary caretaker and responsible for the bird's care? Why? _____

How often do you take your bird(s) to your veterinarian for a "well-bird" check up? _____

12. Do you currently have an avian veterinarian? Yes No If yes, please provide contact information

Avian Vet's Name _____ Clinic Name _____

Clinic Address _____

City _____ State _____ Zip Code _____

Clinic Phone _____ Clinic Fax _____

13. Do you have a cage for a new companion bird? Yes No If yes, please provide make, model and size: _____

ENVIRONMENT

14. What are your living arrangements? House Condo Townhouse Apartment Trailer Other _____

15. Is there adequate room for a companion parrot? Yes No If no, what changes will you be able to make to accommodate the new bird? _____

16. Describe your daily routine at home, if working list work schedule. _____

17. Does the routine differ on weekends? Yes No If yes, please explain: _____

19. How many hours a day will your bird spend alone: _____

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20. Are there any smokers in the house? Yes No If yes, how do you prevent health-related problems due to 2nd hand smoke and nicotine exposure for your bird(s)? _____

OTHER PETS

21. Do you currently have other pets living in your home? Yes No If yes, please list species and how many:

Species/Dog/Cat/Retile/Rabbit	How Many/Age	Species/Dog/Cat/Retile/Rabbit	How
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BIRD CARE/EDUCATION

22. Do you belong to a bird club? Yes No If yes, please list: _____

23. Do you regularly subscribe to any bird related publications? Yes No If yes, please list? _____

24. What other organizations, if any, do you belong to or frequent? _____

25. What other sources of information do you use to supplement your knowledge of avian care? _____

ANTICIPATED HOUSEHOLD CHANGES

26. Do you or your partner plan to make a significant change in employment or occupation in the future? Yes No

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If yes, please explain _____

27. If you do not have children now, do you plan to do so in the future? Yes No

30. Please describe the lifestyle changes you might anticipate over the next 5 years? 10 years? 25 years? _____

31. When you travel or go on an extended vacation, who will care for your bird? _____

32. What provisions have you made for your birds and/or other pets in the event of your illness or death? _____

SPECIES CONSIDERATION

33. What do you feel, are the most important characteristics in a companion bird? _____

34. What species of bird are you interested in adopting and why? _____

36. What are some traits/needs particular to this species? _____

37. Explain proper care, housing and nutrition for this species _____

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38. What resources have you consulted on this particular species and their care? _____

39. If your adopted bird developed a behavioral problem, how would you deal with the problem? _____

COMMENTS

40. Is there anything else you would like to add/ask that would help in determining your eligibility? _____

REFERENCES

Please list three references that have known you for over five years. Please list no more than one relative.

Name: _____
Address: _____ City _____ State/Zip _____
Phone #: _____

Name: _____
Address: _____ City _____ State/Zip _____
Phone #: _____

Name: _____
Address: _____ City _____ State/Zip _____
Phone #: _____

Please check the below boxes to show that you agree with these statements.

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➤ **I understand that if I am approved and adopt a bird that this bird must remain in my home.** If my circumstances change, I understand I must contact **H.A.P.P.E. PARROTS**. I will forward any changes to my address(es) and/or phone number(s) to **H.A.P.P.E. PARROTS**

➤ **I also agree to a home visit prior to approval,** and I understand that a **H.A.P.P.E. PARROTS** representative may make periodic visits to my home. I also understand that **H.A.P.P.E. PARROTS** may contact my references prior to approval of this application.

➤ **I understand that completion of this Adoption Application does not guarantee that I qualify to adopt a bird from H.A.P.P.E. PARROTS**

Applicant Signature

Applicant Name (please print)

Date

PLEASE FILL OUT THIS FORM COMPLETELY TO BE CONSIDERED FOR ADOPTION