

AUSTIN AVIAN RESCUE AND REHABILITATION

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FOSTER CARE APPLICATION

NAME: _____ AGE: _____

SPOUSE/SIGNIFICANT OTHER: _____

CHILDREN/AGES: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

OCCUPATION/SELF:

OCCUPATION/SIGNIFICANT OTHER: _____

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

Does anyone in your household smoke? Y N

Do you live in a House Condo Apartment?

If you rent, does your landlord allow pets? Y N

NAME OF LANDLORD/PHONE # _____

Who will be the primary caregiver for the bird? _____

What experience does the primary caregiver have with parrots?

Do you need instructions on proper care of a parrot? Y N

Do you need instructions on quarantine procedure? Y N

Do you subscribe to any bird-related publications? Y N Please list.

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

Do you currently have birds living in your home? If so, please list species and total number of birds.

Do you have an avian vet? Y N

If so, please give VET'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

What species are you interested in adopting? _____

Please explain why.

Explain proper care and nutrition for this species. _____

Explain proper housing for this species. _____

What traits are you looking for in a bird? _____

Are you aware that your bird could develop or may already have bad habits such as screaming/biting/destroying furniture, blinds, drapes and more? Y N

What would you do if your bird developed any of these bad habits? _____

Under what conditions would you consider giving the bird up? _____

Do other animals live in your house? Please list breed/species/quantity. _____

Please list all the pets you have had and how the relationship ended. _____

Are you aware that exotic birds require a great deal of care and that proper maintenance may be expensive and time-consuming? Y N

PERSONAL REFERENCES (Please list 3): _____

I understand that this bird is place in my home on a temporary foster care agreement. If circumstances change, I understand that I must contact a representative of **AUSTIN AVIAN RESCUE AND REHABILITATION. I also understand that potential adopters may come and visit the above foster bird with reasonable notification and following the approval for application by **AUSTIN AVIAN RESCUE AND REHABILITATION**.**

I understand that this bird must remain in my home. If circumstances were to change, I understand that I must contact **AUSTIN AVIAN RESCUE AND REHABILITATION.**

Change of address and phone number must be forwarded to **AUSTIN AVIAN RESCUE AND REHABILITATION**.

I also agree to a home visit prior to approval and that periodic home visits may be made by a representative of **AUSTIN AVIAN RESCUE AND REHABILITATION**. I also understand that references may be contacted prior to approval of this application.

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

SIGNED: _____ **DATE:** _____