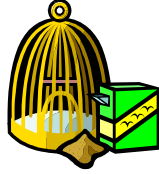


Avian Adoption Application

Bird Name _____

Humane Society of Jefferson County, Inc.



Application Procedure

We request the following information in an attempt to assist you with the selection of your companion animal. The animal’s welfare is our foremost consideration. This process is designed to help us determine if the placement is in the animal’s best interest and to assist you in finding an animal best suited to your lifestyle. H.S.J.C. reserves the right to refuse an adoption to anyone for any reason. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on this application.

Please read the following information carefully.

1. Fill out the application completely. Identification is required to verify information.
2. We do not do same day adoptions.
3. Every effort will be made to review the application in a timely manner. HSJC staff will notify you when the process has been completed and inform you of our decision.
4. Once an application has been approved it will remain on file for 6 months.
5. All family members must meet the new companion animal before adoption to ensure compatibility.

Name: _____ Phone _____ Date: _____

Birth date: _____ Drivers License # _____ State _____

Address: _____

City _____ State: _____ Zip: _____ County: _____

Email address: _____

How long have you lived at this address? _____

If there is a specific bird you are interested in, please list the bird’s name: _____

Pre-approve this application (pet selection not yet made) Yes / No

Type of Residence

Circle one: House Apartment Duplex Mobile Home Farm
Live with friend/relative Condo Other _____

If you rent or lease, please provide the following landlord information

Name: _____ Phone: _____

Are you planning to move in the next 6 months? Yes / No

Veterinary Information

Clinic name: _____ Phone: _____

If you do not currently have a veterinarian, you will be asked to obtain one before the adoption is finalized.

Please list current pets and pets that you've owned in the past 5 years:

<u>Species</u>	<u>Name</u>	<u>Age</u>	<u>Neutered?</u>	<u>Still own?</u>

Are the pets you now own current on vaccinations? Yes / No

Are the animals listed under your name? Yes / No

If not yours, whose name are they under? _____

Are the pets you now own current on vaccinations? Yes / No

If you no longer own the pet, what happened to it?

Have you ever adopted from a shelter before? Yes / No When? _____

What kind of pet? _____

Have you ever surrendered an animal to a shelter? Yes / No When? _____

Why? _____

What is your past experience with birds? Please circle.

First time owner

Current bird owner

Had a bird in the past

How will you correct behavior problems in your bird if they occur?

How much do you plan to spend per year to care for your bird? _____

How many hours a day will your bird be without human companionship? _____

Are you a frequent traveler? Yes / No

Who will care for your bird while you are away? _____

Where will you keep the bird during the day? _____

Where will you keep the bird at night? _____

Does anyone in the home smoke? Yes / No

Are you aware of an avian veterinarian in your area? Yes / No

What do you know about the type of bird you are adopting? _____

Would you like more information about birds? Yes / No

Are you willing and able to assume the financial responsibilities of pet ownership?

Yes / No

Are you prepared to commit to caring for your bird for the next 8 to 35+ years depending on the species?

Yes / No

If you must move from your current place of residence, what will you do with your bird?

Will you allow your bird adequate time to adjust to a new home? Yes / No

How long? _____

Are you aware that birds require routine visits to the veterinarian? Yes / No

Please tell us a little about your household

What is the activity level of your household? Please circle.

Quiet Active Moderate activity

of Children and Ages _____ Adults _____

Who will be the primary caretaker? _____

This bird is being adopted as: Please circle all that apply.

Gift Companion For a child Companion for another pet

Does anyone residing in the house have any known pet allergies? Yes / No

Circle items you would like more information about.

Bird/Cat introductions Bird/Bird introductions Birds and Children

Care/Feeding Vaccinations Training methods

How did you learn about our organization? Please circle.

Pets of the Week Friend/Relative Phone Book Veterinarian

Radio Internet Special Event Other _____

Release:

By submitting this document, you are stating that all the information given herein is accurate and complete and that you are hereby giving your consent for The Humane Society of Jefferson County to verify any and all information contained herein. The completion of this form does not entitle you to any guarantees or rights. HSJC will not be held liable in any way, for any animal, or its actions, once the animal has been placed.

Signature: _____ **Date:** _____

Received: Staff initials _____ **Date/Time:** _____

Office Use Only

Veterinary check _____ **Landlord approval** _____

Home ownership verified _____ **Pets licensed** _____

Approved _____ **Denied** _____

Adopter notified _____

Notes:

Include all correspondence concerning application. Please date and initial.
