



## Senegal Parrots and Cockatiels

### Adoption Application

Caring for a bird is a serious **responsibility**. It is very important that each person desiring to adopt a rescue bird be able to provide adequate housing, good nutrition, exercise, and stimulation for the bird. Anyone wishing to adopt a bird must be able to morally and financially be able to take on this responsibility. It is important that you educate yourself on the species you wish to adopt and ask any questions on aspects of care you are uncertain about. Adopters must be 21 years of age to adopt a bird. Please answer all the questions and e-mail this application back to: [contact@gingersparrots.org](mailto:contact@gingersparrots.org) with the subject Adoption Application in the subject line. After the application is processed you will be contacted and a home visit may be scheduled. All questions must be answered for this application to be processed.

#### Adoption Donation Note:

Rescue birds are often kept and cared for, for several months minimum. This means each bird requires a large cage, quality food, toys, and hours of time to tame them or modify behavioral issues. These birds **will not** be given away for free. There will be an adoption fee that includes bird, with cage, play stand, toys and food. Adoption donations are a way of helping to get back a portion of money spent on caring for the parrots and to care for other rescue birds in the future. Please realize that often more money has been spent on individual birds than the donation. **All** adoption donations collected are used to care for rescue birds.

#### Household Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age (place an **X** next to one): \_\_\_ 21-25 \_\_\_ 26-45 \_\_\_ 46-65 \_\_\_ 66+

Do you have any children living (full- or part-time) in your home? \_\_\_\_\_

If yes, please list names and ages below:

---

---

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your E-mail: \_\_\_\_\_ Partner's E-mail: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Who will be the primary caregiver(s) for this bird? \_\_\_\_\_

Are all adults of the household aware that you are applying to adopt a bird? \_\_\_\_\_

In what type of residence do you live? (House, Condominium, Apartment, Other) \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ If renting, does your landlord allow pets? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does anyone in your household have a health condition that could hinder his or her ability to handle or care for the bird?

If yes, please describe: \_\_\_\_\_

Does anyone in your household have allergies? \_\_\_\_\_

If yes, Please list \_\_\_\_\_

Does anyone in your home smoke? \_\_\_\_\_

Do you currently have other pets in your home? \_\_\_\_\_

If yes, how many and what type? \_\_\_\_\_

\_\_\_\_\_

Have you had pets previously that you no longer own? \_\_\_\_\_

If yes, what happened to them?

\_\_\_\_\_

\_\_\_\_\_

How many hours per day will an adopted bird be home alone (without human companionship):

---

---

If you have pets currently, do you have a veterinarian you regularly use? \_\_\_\_\_

Vet's name: \_\_\_\_\_

Veterinary Hospital name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you have a veterinarian, is he or she an avian veterinarian (does he or she treat birds)? \_\_\_\_\_

If, you do not have an avian vet, do you need a list of avian veterinarians in your area? \_\_\_\_\_

Do you need information on proper bird care and quarantine procedures? \_\_\_\_\_

## **Anticipated Household Changes**

If your employment, family or primary relationships were to change significantly, would you be able to keep your commitment to owning and caring for a bird? \_\_\_\_\_

Please explain what you would do to make changes to properly care for the bird:

---

---

---

## **Interest in Birds and Experiences**

How did you hear about Ginger's Parrots? \_\_\_\_\_

---

---

What experiences have you had with pet birds (whether your own or those belonging to other people)?

---

---

If you have never had a bird, why do you want one as a pet?

---

---

Briefly explain proper bird care:

---

---

---

---

If your adopted bird developed a behavioral problem how would you deal with it?

---

---

---

How do you feel about wing clipping and the idea of a bird flying around your home?

---

---

---

---

---

How much money do you plan to spend on your new bird **each month**?

\$0-\$10\_\_\_\_ \$10-\$20\_\_\_\_ \$20-\$30\_\_\_\_ \$30-\$40\_\_\_\_ \$50-\$75\_\_\_\_ \$75+\_\_\_\_

Is there a particular bird on the website that you are most interested in adopting?

---

## References

Please list at least 2 people, not relatives if possible, who have known you for at least 5 years.

### Reference 1:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Reference 2:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Reference 3:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I understand a bird adopted from Ginger's Parrots Rescue must be kept in my home. If I can no longer keep the bird for any reason, it will be returned to Ginger's Parrots Rescue. I understand that I must contact Ginger if any of my contact information changes (including phone number(s), address(es) and e-mail address(es)).

I also agree to a home visit before being approved to adopt a bird. I understand that Ginger or a representative of the rescue (a.k.a. Ginger's Parrots Rescue) may make periodic home visits to my home to check on the bird. I also understand that the references listed above may be contacted before this application is approved. Note: You will be required to sign a paper copy of this application if you are submitting this application by email.

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_