*a Refuge for*

*Saving the*

***Wildlife, Inc.©***

2720 Dundee Road, Suite # 229

Northbrook, Illinois 60062-2402

Phone: (847) 509-1026

Fax: (847) 509-1034

## Guardian Information

Date Current Guardian’s Name

Address

City State Zip Code

Daytime phone # Evening phone #

Cell # Email address

How did you learn about a**R**f**S**t**W**, Incorporated***©***?

What is your time frame for relinquishing your bird?

How long can you wait before we take your bird in?

##### Bird Information

Bird’s Name Species

Sex (if known) How and when verified

Date bird was acquired (Hatch date, if known)

Acquired from

Address

City State Zip Code

Phone # Contact name

Is your bird hand tame Please explain

Will you be turning in your bird’s cage(s) with your bird? Yes ❑ No ❑ Please describe (attach picture, if possible)

#### Authorization to Obtain Veterinarian Information

I hereby authorize the release of ALL medical records pertaining to the above listed bird(s) to authorized representatives of a**R**f**S**t**W**, Incorporated***©***. Instructions as follows:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

### Veterinarian Information

(Obtain complete vet records and attach to this acquisition form)

Veterinarian name Clinic

Address

City State Zip Code

Office Phone # Fax #

Last visit date Reason for visit

Is your bird banded? Band #

Is your bird micro-chipped? If so, what brand?

Is your bird DNA registered? If so, who with?

Describe your birds overall physical condition

Describe any injuries your bird has sustained

Describe any surgeries done and reason for the surgery

List any medications your bird has been on and reasons prescribed

How often do you take your bird to the vet?

Has your bird been treated for any diseases? Please describe

Does your bird have any medical/physical condition, which requires treatment and/or specialized caging/play area?

# Current Diet

#### Please describe your birds current daily diet

List which food your bird currently eats, include specific name of food:

Seed Pellets

Nuts Treat

Cooked foods

Fruits and vegetables

Table foods

Junk foods

Favorite foods

Do you use vitamin supplements? Yes ❑ No ❑ If so, in food or water

Has your bird ever been on herbal therapy? ❑ Yes ❑ No If yes describe

# Routine Care

Sleeping habits

Does your bird have night frights?

Bedtime Wakes up at Hours of sleep

Do you cover your bird’s cage? Separate sleeping cage?

Bathing habits

Frequency Likes or dislikes

Playtime Activities

Favorite toys

Describe your birds play areas

Is your bird destructive? Describe

How many hours a day does your bird spend outside the cage?

How many hours a day does your bird spend home alone?

Are there any other birds or pets in your home? List

Does your bird interact with other birds*?*

Do you leave the radio, TV or other audio/video on for your bird?

Describe

Cage size Brand

Grated How many perches

What type of perches does your bird prefer?

Frequency of cage cleaning

How do you disinfect the cage?

# Behavior

List other members in your household, and how they interact with the bird

Who is your bird’s favorite person?

Likes or dislikes children

Likes or dislikes visitors in the home

Who is your bird’s primary care giver?

List any known behavioral problems (screaming, plucking, chewing, biting, etc)

Has your bird seen a behaviorist ❑ Yes ❑ No If yes, who and when?

List any changes within your household that may have contributed to the above behavior problems

When you go away for the weekend, or go on vacation, who cares for your pets?

Why are you considering placement of your bird with a**R**f**S**t**W**, Incorporated***©***?

What does your bird say?

Would assistance with education or behavior modification be a possibility as a means for you to keep your bird?

Does your bird have any medical/physical conditions, which require treatment and/or specialized caging/play areas?

Thank you for taking the time to complete this acquisition form in its entirety. The information provided will help us understand your birds’ needs. Please do not hesitate to call with questions or assistance in completing this form. If placement is the only alternative for you, contact your veterinarian for complete medical records and return with this form.

I, hereby donate to aRfStW, Incorporated*©*, the above listed bird(s) to be placed in the aRfStW, Incorporated*©* adoption program. I relinquish all claims to the above listed bird(s) and any future progeny.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Donor’s Name (please print)

The above-mentioned bird(s) has been accepted for aRfStW, Incorporated***©*** by:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Accepted by (please print)

A copy of this document will be provided to the adopting party. If you wish a**R**f**S**t**W**, Incorporated***©*** to withhold your name and contact information, please check here: ❑

## a Refuge for Saving the Wildlife, Incorporated*©*

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[www.rescuethebirds.org](http://www.rescuethebirds.org) - Email: Director@RescueTheBirds.org