

Port Orchard Parrots

Adoption/Foster Application

Applicant Name:		
Address:		
City/State/Zip Code:		
Telephone:		Home
		Work
		Mobile
Email Address:		
Date of Birth:		
Type of Home:	Single Family Apartment Condo	
Do you rent or own your home?*	Rent	Own
Owner Name:		
Address:		
City/State/Zip Code:		
Telephone Number:		
Email Address:		

** If renting, you must provide written approval from landlord to share your home with a bird.*

If you have lived at the address (above) for less than two years, please include address(es) for the past two years on a separate sheet of paper (including the name(s) and contact information of property owners).

Employer:		
Address:		
City/State/Zip Code:		
Telephone:		
Employed Since:		
Position:		
Do you travel for work:	Y	N

If you have employed for less than two years, please include employment history for the past two years on a separate sheet of paper (including the name(s) and contact information of employer(s)).

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Purpose of Application: Adoption Foster

Age and relationship of everyone who lives with you (full or part time). Use a separate piece of paper if needed:

Full Name	Relationship	Age

Is everyone who lives with you aware that you are making this application? Yes | No

Name, species, and age of all other animals that live with you (full or part time). Use a separate piece of paper if needed:

Name	Species	Age

If you are not employed, please state source of income:

Who will care for the bird while you are traveling or on vacation?

Have you ever voluntarily or involuntarily surrendered a pet or lost ownership of an animal by government action (including action by non-governmental animal control authorities? Yes | No

If 'Yes', please explain:

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Does your home:

Contain smoker(s)?	Yes	No
Contain occupant(s) with allergies and/or asthma?	Yes	No
Contain plug-ins, air fresheners, candles, etc.	Yes	No
Contain non-stick coated cookware?	Yes	No
Contain ceiling fans?	Yes	No
Contain bleach or commercial cleaners?	Yes	No

Do you have experience with parrots (past or current)? If yes, please provide details (including species, years owned, and where the bird is today). Use a separate piece of paper if necessary.

Veterinarian:	
Address:	
City/State/Zip Code:	
Telephone:	

Are you willing/able to handle a bird facing handicap or behavioral issues? Yes | No

If 'Yes', do you have any experience with such issues? Yes | No

Please describe any handicaps or behavioral issues you are unable or unwilling to accommodate:

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What type(s) of bird(s) would you be comfortable with? (Check all that apply)

	Small (parakeet/finch/Canaries) Requires little or no past experience
	Small-Med (Cockatiel/Quaker/Conure) Requires little past experience
	Medium (Ringneck/Senegal/Meyers) Experienced to advanced experience
	Medium to Large (Small Cockatoo/Mini Macaw) Advanced experience level
	Large (Macaw/Amazon/African Grey) Expert level experience

Describe any species (if any) you will not consider:

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For foster applications only:

Time period available	From:	To:		
Do you agree to show foster birds to well screened, prequalified, potential adopters with adequate notice?			Yes	No
Do you agree to speak with screened, prequalified, potential adopters regarding temperament of the bird(s)?			No	No

References:

Name:	
Address:	
City/State/Zip Code:	
Telephone:	

Name:	
Address:	
City/State/Zip Code:	
Telephone:	

Name:	
Address:	
City/State/Zip Code:	
Telephone:	

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Affirmation, Terms and Conditions:

I hereby affirm that all of the information I have provided is true and complete. I understand that this application does not indicate agreement on the part of Port Orchard Parrots to home a bird with me. I understand that the decision to approve or deny this application rests solely with Port Orchard Parrots and that our decision - made solely in the best interest of the bird – is final and non-negotiable.

Signature:	
Date:	