

Beak n Wings, Inc.

An Educational Pet Bird Club & Rescue
501(c)3 Non-Profit organization
EIN: 77-0630832

9010-B Rosehill Rd. | Lenexa, KS 66215 | T-913-322-3398 | F-913-322-2583 | www.beaknwings.org

ADOPTION/FOSTER APPLICATION

In order to become a potential adoptive or foster parent for Beak n Wings, Inc., you must complete our screening requirements, which include a bird care class, and home visit. You will be contacted by phone or email as soon as you have had your home visit and approved by the Vice President of rescue/Adoption. You must be at least 18 years of age to adopt a bird from Beak n Wings. This application is designed to provide Beak n Wings with necessary information to begin an adoption placement.

I am interested in: Adoption Foster Membership required to foster

Prior to filling out this application please make sure that the following “read only files” have been read. Please initial below to show you have read each one.

Adoption Disclaimer Parrot Advisory Statement The Adoption Process
 Quarantine Procedures Release, Waiver & Indemnity

Contact Information

Date submitting adoption application _____

Your Name _____ Email: _____
Address _____ Home Phone _____
City/State/Zip: _____ Work/Cell _____

Age Information

Your Age: 18- 26- 46- 66+ Partner's Age: 18- 26- 46- 66+

Which species would you like to foster or adopt and why? _____
If you are unsure what species you would like to foster/adopt, please enter numbers for your first three choices below to help us determine what species would be the best fit for you:

- | | | | |
|--|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> African Grey | <input type="checkbox"/> Cockatiel | <input type="checkbox"/> Finch | <input type="checkbox"/> Pionus |
| <input type="checkbox"/> Amazon | <input type="checkbox"/> Cockatoo | <input type="checkbox"/> Lorikeet | <input type="checkbox"/> Pigeon |
| <input type="checkbox"/> Budgie/parakeet | <input type="checkbox"/> Conure | <input type="checkbox"/> Love Bird | <input type="checkbox"/> Poicephalus |
| <input type="checkbox"/> Caique | <input type="checkbox"/> Dove | <input type="checkbox"/> Macaw | <input type="checkbox"/> Ringneck |
| <input type="checkbox"/> Canary | <input type="checkbox"/> Eclectus | <input type="checkbox"/> Parrotlet | <input type="checkbox"/> Quaker |

Spouse/Significant other/Roommate: _____

If this relationship were to change, who do you anticipate keeping the bird (for **ADOPTION** only) _____

Do you travel a great deal? Yes No

When you are away, who will care for the bird? _____

Drivers License # _____ Year Expired _____

Q = Why do you need my Drivers License number and a photo of it?

A = We use foster homes. Foster homes are members who have opened up their homes for these birds in need. we ask for the number and a photo copy of your license for the protection of the foster home.

Your privacy will be protected. We will **NOT** share your personal information with anyone.

If a copy of your DL or ID is not included with this application it will not be considered, or until it is received.

Employment

Employer _____ Your Occupation _____

Years Employed _____ Your work hours _____

Work phone number _____ Work fax number _____

Partner's Employer _____ Partner's Your Occupation _____

Years Employed _____ Your work hours _____

Work phone number _____ Work fax number _____

Housing

What type is your residence?

House Condominium Apartment Other _____

Do you rent or own your home? Rent Own If renting, does your landlord allow pets? []Yes []No

Landlord's Name _____ Phone _____

*(Please provide written proof if applying to adopt or foster a bird larger than a cockatiel)***Health**

Does anyone in your household have a health condition (s) that could restrict his / her ability to handle/care for a bird?

[]Yes []No If yes, please describe _____

Does anyone in your home have allergies? []Yes []No

Quarantine

Do you have a separate quarantine area for new adoption birds (a separate room with a door shut)

[]Yes []No (this is NOT required as long as you understand you are taking a risk with your own birds).

Please explain _____

Do you need instruction and/or information regarding proper bird care and quarantine protocol? []Yes []No

Smoking

Do you, or anyone in your household smoke? []Yes []No

If yes, would you be able to provide a smoke-free environment for all foster birds? []Yes []No

Caregiver

Who will be the primary caregiver (s) for the bird? _____

Are all parties in the household aware that this adoption application is being made? []Yes []No

Animals

Do you currently have other birds or animals living in your home? Yes No If yes, please explain

Birds:

Species _____ How many? _____

Other Animals:

Dog = # _____ Cats = # _____ Reptiles = # _____

Other = # _____

Have you previously owned birds that you no longer own? Yes No If yes, why do you no longer

have these birds? What happened to them? _____

Veterinarian Information

Do you currently have an avian veterinarian? Yes No If yes, please provide contact information

Avian Vet's Name _____ Clinic Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

If no, do you need a list of avian veterinarians in your area? Yes No

Bird Interests & Experience

What experience do you have with captive birds? _____

What species of bird are you interested in adopting? _____

Why this species? _____

What is the largest bird you have had in the past? _____

What resources have you consulted on this particular species? _____

Explain proper care and nutrition for this species _____

Are you interested in adopting for breeding purposes? Yes No

If you have birds, are your bird's wings clipped? Yes No If no, is there a reason why you don't clip the birds wings?

What do you feed your birds? Be Specific. _____

Do you/would you let your birds out of the cage daily? [] Yes [] No

If yes, for how long and where are they when they are out? _____

What would you do if you came home one day and found your bird on the bottom of the cage, obviously ill? _____

ADOPTION ONLY - All questions in the following section

Are you planning keeping your adopted bird (s) in an aviary situation? [] Yes [] No

If yes, indoors or outdoors: _____

Are you aware that bird medicine can be very expensive should your bird get sick? [] Yes [] No

If your bird become ill, will it be financial burden for you? [] Yes [] No

If yes would you take him/her to the vet anyway? [] Yes [] No

Would it be a hardship for you to take your bird to an avian vet for annual check ups? [] Yes [] No

Under what circumstances would you NOT wish to keep the bird?

How important are these characteristics in a bird?

- Moving
- Divorce/separation
- New baby
- New job
- Loud/noisy
- Biting/aggressive to pets/humans
- Allergies
- Don't get along with other pets
- New relationship
- Bird develops serious illness
- Prefers one person over another

- Color
- Size
- Ease of Care
- Personality
- Uniqueness
- Uniqueness
- Cuddliness
- Talking
- Price

Rate on a scale of 1 to 5, with 1 being unimportant and 5 being crucial

(FOSTER ONLY) Do you have any bird hand-feeding experience?

If yes, please describe, the number of feedings, when you got the bird, and how long ago you last hand-fed a bird.

For all:

[] I would like to be put on your mailing list via email so that I may be able to kept up to dated about Beak n Wings, such as speakers, events, etc..

Email you would like Beak n Wings to use: _____

[] I wish to decline being put on the Beak n Wings mailing list via email, but thank you anyway.

Behavior

How do you discipline your birds? (be specific) _____

Mark all that you feel apply

What methods would you agree to try:

- | | |
|--|---|
| <input type="checkbox"/> Tying a rope to the cage | <input type="checkbox"/> Screaming back at the bird |
| <input type="checkbox"/> Spraying the bird | <input type="checkbox"/> Shaking a cage to stop the screaming |
| <input type="checkbox"/> Shining a laser light at the ground | <input type="checkbox"/> Time Out |
| <input type="checkbox"/> Hold the bird to stop yelling | <input type="checkbox"/> Throwing the bird (from biting or screaming) |
| | <input type="checkbox"/> Covering the bird up in its cage |
| | <input type="checkbox"/> Placing the bird in its cage and walk away |

Are you willing to take a bird that currently has behavior problems? [] Yes [] No explain _____

Explain how you would handle a bird that is a big screamer _____

Explain how you would handle a bird that is a bites a lot _____

Are you willing to accept birds with physical challenges? [] Yes [] No

Explain how you would work with a bird that plucks _____

Explain how you would handle a bird that is cage dominate _____

- | | | |
|---|------------------------------|-----------------------------|
| Are you aware of the dangers of Teflon? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you currently have Teflon products in your home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, are you willing to replace all Teflon products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please use the back of any page for more space.

Beak n Wings, Inc

Release, Waiver & Indemnity
for
Visitors & Volunteers

FOSTER/ADOPTION APPLICATION

I, _____, voluntarily and knowingly sign this Release, Waiver & Indemnity (“Waiver”) with the express intention of divesting Beak n Wings, Inc, a Kansas non-profit, from any liabilities and obligations as described below. I understand that any animal can inflict injuries and that the birds at Beak n Wings are birds that have been rescued or given up by their owners, are unpredictable, and may bite or scratch me for any reason or for no reason. I assume all risk associated with Beak n Wings and with viewing, handling, feeding and caring for the birds at Beak n Wings.

Initial _____ I hereby release and forever discharge Beak n Wings and its employees, volunteers, directors, officers, administrators, agents, and assigns (collectively, “Indemnitee”) from all liability for any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of any injuries (e.g., including, but not limited to, bird bites), both to person and property, and economic and non-economic losses I may suffer, that may result from, or develop in the future as a result of my handling, viewing, holding, petting, observing or otherwise the birds at or in the possession or control of Beak n Wings, Inc. I further agree that if, despite this Waiver, I or anyone on my behalf makes a claim against Beak n Wings or any Indemnitee, I will indemnify, save and hold harmless Beak n Wings or any _____ Indemnitee from any damages, losses and expenses including, but not limited to, legal fees, courts costs, and litigation expenses.

Initial _____ In exchange for granting this Waiver, I acknowledge that I will be allowed access to the birds at Beak n Wings.

Initial _____ I understand that the following are some, but not all, of the risks associated with being handling birds from Beak n Wings and all birds:

- Bites or scratches from the birds
- Slips, trips and falls resulting from wet or slippery floors
- Hitting head on objects such as cages, perches, cabinets, etc. or other Injuries resulting from cages, perches, cabinets, etc.
- Zoonotic illnesses (human illness contracted from animals)
- Injuries related to lifting animals, food, cages or equipment
- Damage to clothing from animals, cages, chemicals, etc.

Initial _____ I agree to use reasonable care at all times while I am around the birds of Beak n Wings. I agree to follow all rules established by Beak n Wings and have read, understand and agree to the Beak n Wings Rules provided to me concurrently with this Waiver.

Initial _____ I acknowledge and agree that I: (a) fully understand the meaning of this Waiver and recognize my right to seek the advice of an attorney before signing it; (b) have signed it freely and without any inducement or assurance of any nature; (c) intend it to be a complete unconditional release of liability to the greatest extent allowed by law; and (d) agree that, if any portion of this agreement is held to be invalid, the balance notwithstanding shall continue in full force and effect. The acceptance of this waiver shall not operate as an admission of liability on the part of anyone, nor as a waiver or bar with respect to any claim that Beak n Wings may have against the undersigned.

Initial _____ This release is binding on my heirs, executors, assigns and administrators. The undersigned is aware of the risks of visiting or handling the birds at Beak n Wings and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

Initial _____ I have read this Waiver carefully and fully understand its content, and voluntarily agree to its terms. I acknowledge that, in signing this Waiver, I am waiving certain legal rights, including the right to sue.

Beak n Wings, Inc.

An Educational Pet Bird Club & Rescue
501(c)3 Non-Profit organization

P. O . Box 9228 | Shawnee Mission, KS 66201 | T-913-322-3398 | F-913-322-2583 | www.beakn wings.org

FOSTER/ADOPTION APPLICATION

This Waiver is executed on _____, 20_____

Initial _____ I understand that a home visit will be required before adoption and that I will be expected to know the basics of parrot nutrition, housing requirements, health and behavior, or my application will not be approved. Beak n Wings, Inc. recommends, but does not require, attending the Basic Bird Care class prior to the home visit. I further understand that attendance at the class will be required prior to adoption unless I have previously attended the class.

Initial _____ I understand that Parrots need appropriate size housing. I will have an appropriate cage for the bird prior to adopting. Beak n Wings, Inc., will require the cage be present at home visit or proof of it present in the home prior to adoption.

Signature Date

Printed Name

Parent/Guardian Signature
(if person is under 18)

Address

City, State & Zip

Phone Number

E-mail

DOB

Driver's License

Beak n Wings Representative Signature

Printed Name of Beak n wings Representative

Our MINIMUM cage requirements:

Parakeets, Cockatiels, Lovebirds, Quakers: 27"w x 24"d

Ringnecks, Conures, Pionus, Lories, Meyers, Senegals: 32"w X 23"d

African Greys, Small Cockatoos, Eclectus, Amazons, Small Macaws: 36"w x 28"d

Larger Cockatoos and smaller Macaws: 48"w x 36"d

We recommend 64"w x 32"d or 80"w x 40"d cages for the larger birds (Moluccans and Greenwing Macaws).

Make sure bar spacing is appropriate for your bird.

For office use only

Name of bird adopted (organization bird name) _____
(must have a name, not type of bird)

For office use only:
DO NOT WRITE IN BELOW SECTION:

Applicant, please make copies of the complete application include this page when you submit your application

Approved Declined

If declined explain why: _____

Approved for Adoption List Birds:

Bird Name _____ Species _____ Date _____
Bird Name _____ Species _____ Date _____
Bird Name _____ Species _____ Date _____
Bird Name _____ Species _____ Date _____

Signature
VP R/A or ED only

Print
VP R/A or ED only

Date of Home Study _____

Application Checklist

- DL/ID Card on file
- Training Class taken (Date _____)
- All areas of application filled in
- Agreement initialed and signed
- Waiver signed and dated

NOTE: The surveyor does NOT have the authority to approve or decline an applicant looking to foster. The decision shall be that of the Vice President of Rescue / Adoption or the Executive Director