

Beak n Wings, Inc.

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

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

BIRD NUMBER _____ **Office Use ONLY** _____ **SURRENDER FORM** _____

Thank you for taking the time to complete the Surrender 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. (Beak n Wings, Inc. is a Kansas License Shelter for Exotic Birds)

Contact Information:

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell _____

Release Information

I _____ declare that I am the current and rightful owner of

Bird Name: _____ Species: _____, **(only one bird per surrender**

form) I agree to relinquish ownership and all rights to the above animal (bird). As of this date _____

the described animal belongs to Beak n Wings, Inc, to do with as necessary and humane.

Drivers License Number: _____

Veterinary Information

I hereby authorize the release of ALL medical records pertaining to the above listed bird to representatives of

Beak n Wings, Inc., Signature: _____

Avian Vet's Name _____ Clinic Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Instructions _____

Donor Signature _____ **Print Donor's Name** _____ **Date** _____

Beak n Wings Representative Signature _____ **Print Beak n Wings Representative Name** _____ **Date** _____

Bird Information

Bird Name _____ Species _____

Hatch Date _____ Age: _____ Sex M F Unknown

When did you acquire your bird? _____

Veterinary Information

Please obtain complete vet records and attach to this Surrender Form.

How often do you take your bird to the vet? _____ When was your bird's last vet visit? _____

What was the reason you took your bird to the vet? _____

Is your bird banded? Yes No If yes, what is the band number? _____

Has your bird been sexed? Yes No If yes, please check one Surgical Feather Blood

Has your bird: mark all that apply

- Had surgeries If yes, please explain _____
- Injuries If yes, please explain _____
- Infection If yes, please explain _____
- Has been on or is on Medication, If yes, please explain _____
- Alternative Therapies If yes, please explain _____

Feather Condition: mark all that apply

- Full Feather
- Plucked If yes, please explain _____
- Over Groomer (bites off feathers, but does NOT pull them out)

Health: mark all that apply

Have you ever had a bird die in your home Yes No Yes, please explain _____

Have you ever had to put a bird down due to illness or injury while in your home Yes No Yes, please explain

Have you ever had a bird tested or test positive for any viruses such as Bornaviruse, Beak and Feather Yes No

Yes, please explain and what has happened to the bird. _____

Has the bird you are surrendering ever been tested for any viruses? Yes No Yes, please explain _____

Health continue: Disclaimer

Please understand. Beak n Wings does not take in sick birds. If for some reason the surrendering party was not truthful with Beak n Wings on this form, phone, text or email we could end up putting the bird down depending on the illness. Beak n Wings does not have the funds to treat unwanted birds due to illness.

Many viruses will transfer from bird to bird via air, waste, eating or drinking after each other, living in the same cage. Please be aware that if you have or had a sick bird, that does **not** mean every bird is sick, but Beak n Wings really needs to know if there is or was a sick bird in the home so that we do not place the bird in a foster home taking a chance of infecting even more birds. Please be honest when filling out the surrender form so that we can better protect other birds.

If you have had a sick bird at some point, this does **not** mean we will not take the bird. We prefer the bird if sick less than six (6) months have a vet send a health certificate stating the bird appears to be healthy.

Behavior: mark all that apply

Cage dominate
Bites all the time
Bites everyone except - explain _____
Does **NOT** like men Does **NOT** like Females Does **NOT** like Children
Steps up fine
Won't step up on command
Screams all the time
hardly ever / rarely screams
Says bad words (explain) _____
Does **NOT** like to go into cage
Hand shy
flinches when pointed at (hand, water bottle, etc) explain _____
Will **NOT** step up on a perch / stick
Other Comments: _____

Diet: mark all that apply

Pellets Type: _____
Pellets See Mix Type: _____
Fruits Type: _____
Veggies Type: _____
Nuts Type: _____
Cooked foods Type: _____
I use vitamins in the birds Water Food I don't use vitamins
Table foods (food you would eat) If yes please list _____
Junk food List _____

Does your bird have a favorite food? If yes, please list _____

Other Comments: _____

Bird Name _____

SURRENDER FORM

Sleeping habits: mark all that apply

- Cover Cage
- Do NOT cover cage
- Sleeps in own room
- Sleeps and lives in Living area (family area)
- Stays up most of night
- Bed time is _____
- Naps throughout the day

Other Comments: _____

Cage / Perches / Toys: mark all that apply

Describe your bird's cage, including size, brand and model (if known) _____

Cage:

I am surrender the cage with my bird I am not surrendering the cage with my bird

Cage is in:

Good	Fair	Poor condition	Cage has rust on it	Cage has no rust on it
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Perches: mark all that apply

- Has problems standing on perches
- No problem standing on perches
- Will stand on several different sizes and shapes

Toys:

- Does play with toys
- Does NOT play with toys
- Real big chewer
- rotate toys all the time

Bathing:

Daily	Once a month	Bathes in a bowl	Gets in shower
Once a week	Never, my bird does not like it	I spray	I mist

Bird Name _____

SURRENDER FORM

Routine Care:

Who is your bird's primary caregiver? _____

How often do you clean the cage? _____

Describe your bird's favorite toys _____

Describe your bird's playtime activities _____

Does your bird ever have night frights? Yes No If yes, what happens _____

Describe your bird's sleeping habits, including, wake-up, nap time and hour of sleep each day _____

Is your bird destructive? Yes No If yes, what happens _____

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

Do you leave the radio, tv or other audio/video on for your bird? Yes No _____

Are there any other birds or animals in the house? Yes No If yes, please list _____

Please tell us more about the bird that we might not have listed

Comments: _____

Bird Name _____

SURRENDER FORM

Has your bird ever seen a behaviorist? Yes No If yes, who, when and what were the results? _____

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

Why are you considering placement of your bird with Beak n Wings, Inc? _____

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

Yes No

How did you hear about Beak n Wings, Inc? _____

Comments: _____
