



# Beak n Wings, Inc.

AN EDUCATIONAL PET BIRD CLUB & RESCUE  
501 (C)(3) NON PROFIT ORGANIZATION

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P. O. Box 9228 | Shawnee Mission, KS 66201 | T-913-322-3398 | F-913-322-2583 | [www.beaknwings.org](http://www.beaknwings.org)

## FOSTER APPLICATION

All applications must be printed, filled out, signed, and **mailed to our P.O. Box or fax to 913-322-2583** No Applications will be accepted through email. Bird ownership is a serious responsibility. Beak n Wings policy is to insure that each person fostering a bird can provide suitable housing, is morally and financially capable of providing for the bird, and is educated in proper care and nutrition for the bird. This application is designed to provide Beak n Wings with necessary information on our foster homes. Please answer all questions and return to the above address. A representative of Beak n Wings will contact you and a home visit may be scheduled.

Please answer all questions and feel free to explain any answers or add any comments. If a Question does not apply, please write N/A.

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone numbers \_\_\_\_\_

Email address: \_\_\_\_\_

Driver License # \_\_\_\_\_ Year Expired \_\_\_\_\_

**(Please provide a copy of your Drivers License or ID Card. Your Application will not be approved without)**

Type of housing:  House  Condo  Apt  Rent  Own  Other

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If renting, does your landlord allow pets in their property?  Yes  No

Landlord's name \_\_\_\_\_ Phone # \_\_\_\_\_

How many birds do you own: \_\_\_\_\_

Which species and how long have you owned each? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other animals do you have? (be specific) \_\_\_\_\_

\_\_\_\_\_

Do you have a separate quarantine area for new foster birds (a separate room with a door shut)?  
YES [ ] NO [ ]

Do you have any bird hand-feeding experience? YES [ ] NO [ ]

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

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Are your bird's wings clipped? YES [ ] NO [ ]

If yes, who clips them? \_\_\_\_\_

How do you discipline your birds? Be specific. \_\_\_\_\_

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What do you feed your birds? Be Specific. \_\_\_\_\_

Do you work away from home during the day? YES [ ] NO [ ]

If yes, what is your schedule (days and hours worked)?

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Do you let your birds out of the cage daily? YES [ ] NO [ ]

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

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How did you hear about Beak n Wings Rescue / Adoption? \_\_\_\_\_

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Please describe why you want to be a volunteer for Beak n wings Rescue / Adoption?

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Which species do you prefer to work with and why \_\_\_\_\_

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Which species do you prefer NOT to work with and why \_\_\_\_\_

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Do you, or does anyone in your household smoke? YES [  ] NO [  ]  
If yes, would you be able to provide a smoke-free environment for a foster bird?  
YES [  ] NO [  ]

Would you object to periodic visits from our directors? YES [  ] NO [  ]

Please list at least one name, address and phone number of someone we can contact in case of an emergency:

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Please list at least 2 references. (Include, name, address and phone number):

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**Foster Bird Information:**

Bird Name \_\_\_\_\_ Species \_\_\_\_\_

Today's date \_\_\_\_\_ Cage provided \_\_\_\_\_

Additional Information or Instructions \_\_\_\_\_

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If Beak n Wings Rescue / Adoption chooses me as a volunteer, I understand that the disposition of each bird is up to the Directors of Beak n Wings and in no way will I interfere with that decision. I understand that a bird is placed in my home on a temporary foster parent basis. If Circumstances change; I understand I must contact a representative of Beak n wings Rescue / Adoption right away. **Initial** \_\_\_\_\_

I understand potential adopters may come and visit the above foster bird with reasonable notification and following approval for application by Beak n Wings Rescue / Adoption. **Initial** \_\_\_\_\_

I understand the bird(s) must remain in my home. If circumstances were to change, I understand I must contact Beak n Wings Rescue / Adoption right away. Change of address and phone numbers are to be forwarded to Beak n Wings Rescue / Adoption. **Initial** \_\_\_\_\_

I agree to a home visit prior to approval. A Beak n Wings Rescue / Adoption representative may make periodic home visits. I also understand references may be contacted prior to approval of this application. **Initial** \_\_\_\_\_

I agree to provide food for all birds I foster (seed, pellets, fruits, & vegetables, treats, cuttle bone, etc.). I will not charge Beak n Wings for any money spent feeding birds fostered in my home. I am aware that if I need Beak n Wings to help with food, I need to call and ask. **Initial** \_\_\_\_\_

I understand and agree to bring my foster bird (s) out to public events which Beak n Wings will be attending no less than one (1) time a month, providing Beak n Wings is attending an event. **Initial** \_\_\_\_\_

I understand I must contact Beak n Wings, Inc. If a foster bird become ill, or dies under my care I understand I as a foster care giver I am not responsible for cost of any medical treatment provided to said bird(s) **Initial** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print) \_\_\_\_\_

Beak n Wings Representative \_\_\_\_\_

- I AUTHORIZE BEAK N WINGS, INC. TO CONFER WITH MY AVIAN VET REGARDING THE HEALTH AND CARE OF MY CURRENT BIRD(S).

MY AVIAN VET IS: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*NOTE\*** Answering yes or no to any of the above questions will not necessarily result in your disqualification as a foster-parent. Our sole interest rests with the birds. All answers to above questions will be used to determine which home is the best for any given situation.

- Beak n Wings, Inc. is a Kansas License Shelter for Exotic Birds.
- Beak n Wings, Inc. is a 501 (c) (3) non-profit Organization.
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**All information in this application is for the exclusive use of Beak n Wings, Inc., and not sold or given to any other organization.**

Please describe your home and the location where you will have your new companion placed. \_\_\_\_\_

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Please give specific Directions on how to get to your home. (or supply us with a map), this will help us to locate you much easier. (Starting point: interstate, Hwy, Main Street, etc...) If need be. Please include an extra piece of paper.

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**PLEASE REMEMBER. YOU MUST SEND A COPY OF YOUR DRIVER LICENSE OR ID CARD, OTHER WISE WE WILL NOT CONSIDER YOUR APPLICATION**