

FEATHERED FRIENDS SANCTUARY & RESCUE

Surrender Form & Questionnaire

Thank you for taking the time to complete this surrender form and questionnaire in its entirety. The information provided will help us understand your bird's needs. Please do not hesitate to call with questions or assistance in completing this form. Please contact your veterinarian for complete medical records and return them with this form.

Contact Information

Bird's Name _____ Species _____

Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

E-mail address _____

Why are you considering surrendering your bird? _____

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

Yes _____ No _____ Please explain _____

I hereby authorize the release of ALL medical records pertaining to the above listed bird(s) to representatives of this Shelter. _____

Instructions

I, _____ hereby relinquish to Feathered Friends Sanctuary & Rescue, Inc. the above listed bird(s) to be placed in the Shelter adoption/placement program. I relinquish all claims to the above listed bird(s).

Relinquisher's Signature _____

Print Relinquisher's Name _____

Date _____

The above-mentioned bird(s) has been accepted for the Shelter by:

Shelter Representative's Signature _____

Print Shelter Representative's Name _____

Date _____

Bird Information

Bird(s) Name _____ Species _____

Hatch Date _____ Import Date if Wild Caught _____

Bird(s) Age _____ Sex _____ Method _____

When did you acquire your bird? _____

Where did you acquire your bird? Pet Store __ Breeder __ Shelter __ Bird Club __ Private Party __

Friend or Family member __ Gift __ Other (explain) _____

Please provide contact information for your bird's breeder, pet shop or previous guardian:

Contact name _____ Store/Business _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Health Information***Please obtain complete vet records and attach to this form.***

Do you currently have an avian vet? _____ If yes, please provide contact information.

Clinic Name _____ Avian Vet's Name _____

Clinic Address _____

City _____ State _____ Zip _____

Clinic Phone _____

How often do you take your bird to the vet? _____

When was your bird's last vet visit? _____

What was the reason for this visit? _____

Is your bird banded? _____ What is the band number? _____

Is your bird micro chipped? _____ If yes, what brand? _____

Is your bird DNA registered? _____ If yes, with whom? _____

Describe your bird's overall physical condition: _____

Has your bird ever sustained any injuries? _____ If yes, please describe and give reason

Has your bird ever had any surgeries? _____ If yes, please describe and give reason

Has your bird ever been treated for any diseases? _____ If yes, please describe

Has your bird ever taken any medication? _____ If yes, please list and give reason

Has your bird ever been on herbal or other alternative therapies? _____ If yes, please describe:

Does your bird have any medical/physical condition that requires treatment and/or a specialized housing/play area? _____ if yes, please describe: _____

Diet Information

Describe your bird's current daily diet: _____

Favorite Foods: _____

List the foods your bird currently eats, including specific food names and brands:

Seeds: _____ Pellets: _____

Nuts _____ Treats _____

Cooked Foods: _____

Fruits & Vegetables _____

Other _____

Behavior

Is your bird comfortable being handled _____ Please explain _____

Are there any other birds or pets in your home? _____ If yes, please list (breeds etc.) _____

Does your bird interact with other birds or pets? _____ If yes, please describe: _____

Does your bird like children? _____ Please explain _____

Does your bird like visitors in the home _____ Please explain _____

Does your bird have any known behavioral problems (e.g., screaming, plucking, chewing, biting, etc.)?

_____ If yes, please describe: _____