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**Feathered Friends**  **Sanctuary & Rescue Inc.**

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VOICEMAIL LINE: (608) 302-1732  
1570 County Road A Edgerton, Wisconsin 53534

Website: Feathered-Friends.com  
Email: info@feathered-friends.com

**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 email with questions or assistance in completing this form. Please contact your veterinarian for complete medical records and return them with this form.

**Please note that we are a nonprofit organization that runs solely on donations and adoption fees. Surrender fees are not explicitly mandated, but we welcome a donation of any amount for the continued care of your bird until he/she finds their forever home.**

**Contact Information**

Guardian's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

**Bird Information**

Bird(s) Name \_\_\_\_\_ Species \_\_\_\_\_

Hatch Date \_\_\_\_\_ Import Date if Wild Caught \_\_\_\_\_

Bird(s) Age \_\_\_\_\_ Sex \_\_\_\_\_

Method (circle): DNA   Egg Laying   Surgical   Presumed   Other \_\_\_\_\_

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When did you acquire your bird? \_\_\_\_\_

Where did you acquire your bird? (circle): Pet Store   Breeder   Shelter   Bird Club

Private Party   Family Member   Gift   Other \_\_\_\_\_

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

Contact Name \_\_\_\_\_ Store/Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Health Information (If possible, please obtain complete vet records and attach to this form.)**

Clinic Name \_\_\_\_\_ Avian Vet's Name \_\_\_\_\_

Clinic Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Clinic Phone \_\_\_\_\_

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? \_\_\_\_\_

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Describe your bird's overall physical condition: \_\_\_\_\_

\_\_\_\_\_

Does your bird have any disabilities or sustained any injuries? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Has your bird ever had any surgeries? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has your bird ever been treated for any diseases or medical conditions? \_\_\_\_\_ If yes,  
please explain \_\_\_\_\_

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: \_\_\_\_\_

### **Diet Information**

Describe your bird's current daily diet:

\_\_\_\_\_

Favorite Foods:

\_\_\_\_\_

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### **Behavior**

Is your bird comfortable being handled? \_\_\_\_\_ Does your bird step up for new people? \_\_\_\_\_

Does your bird like being petted or touched? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Does your bird get along with other birds or pets? \_\_\_\_\_ Please describe: \_\_\_\_\_

\_\_\_\_\_

Does your bird like children? \_\_\_\_\_ please explain \_\_\_\_\_

Does your bird prefer women or men? \_\_\_\_\_

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: \_\_\_\_\_

Is there anything that your bird is afraid of or dislikes (brooms, vacuums, kids, dogs, noises, colors, etc.)? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Other things we should know about your bird: \_\_\_\_\_

\_\_\_\_\_

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I hereby authorize the release of ALL medical records pertaining to the above listed bird(s) to representatives of this rescue. I hereby relinquish to Feathered Friends Sanctuary & Rescue Inc. the above listed bird(s) to be placed in the rescue adoption/placement program. I relinquish all claims to the above listed bird(s). It is hereby agreed, by and between Surrenderer and Feathered Friends Sanctuary & Rescue, Inc. (FFSR) as follows:

- 1) The Surrenderer is no longer able to keep/interested in keeping the bird(s) described above.
- 2) The Surrenderer knows of no other person who has any claim to the above bird(s).
- 3) The Surrenderer hereby relinquishes, in favor of FFSR, all rights, title, and interest to and in this bird(s), along with any cage(s), toys, or other items concurrently surrendered. This grant is immediate and absolute.
- 4) The Surrenderer may at any time prior to the execution of any Bird Adoption Contract between FFSR and a third party, apply to adopt the bird, subject to the same conditions and restrictions as an adoption to a third party.
- 5) It is the Surrenderer's understanding that he/she is not entitled to any portion of any adoption fees or any other donation.
- 6) It is understood that the purpose of surrendering this bird, is that FFSR provide for the physical and psychological needs of the bird, and that the Surrenderer may not in any way question or interfere with FFSR in the care, treatment or placement of the bird.

**I HAVE READ AND UNDERSTAND THE ABOVE AND REALIZE THAT IT CONSTITUTES A LEGAL AND BINDING CONTRACT.**

Surrenderer's Signature \_\_\_\_\_

Print Surrenderer's Name \_\_\_\_\_

Date \_\_\_\_\_

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

Shelter Representative's Signature \_\_\_\_\_

Print Shelter Representative's Name \_\_\_\_\_