

Santa Barbara Bird Sanctuary

Adoption Application

Name of Bird Interested In Adopting: _____

Bird care is a serious responsibility and a deep commitment. Santa Barbara Bird Sanctuary's policy is to insure that each person adopting 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. You must be at least 18 years of age to adopt a bird from us. This application is designed to provide us with necessary information to begin the adoption screening process. If any questions are left unanswered, your application will not be processed. The SBBS Adoption Committee will review your application and you may be contacted by a representative to schedule a home visit.

Household Information

Your Information

Name _____

Age : 18-25 26-45 46-65 66+

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-Mail _____

Occupation _____ Employer _____

Years Employed There _____ Work Hours _____

Your Work Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Work Fax _____

Any Children in household? Names and ages _____

Partners Information

Name _____

Age : 18-25 26-45 46-65 66+

Occupation _____ Employer _____

Years Employed There _____ Work Hours _____

Work Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Work Fax _____ Cell Phone _____

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

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

What type is your residence? House Condo Apartment Other _____

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

Landlord's Name _____ Phone _____

Does anyone in your home have allergies? Yes No If yes, please list _____

Does anyone in your home smoke? Yes No

Do you currently have other birds living in your home? Yes No If yes, please list species and how many:

Species	How Many	Species	How Many
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

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?

Do you currently have any other pets living in your home? Yes No If yes, please list species and how many.

Species	How Many	Species	How Many
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

Describe your daily routine at home _____

Does the routine differ on weekends? Yes No If yes, how? _____

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

Avian Vet's Name _____ Clinic Name _____

Clinic Address _____

City _____ State _____ Zip Code _____

Clinic Phone _____ Clinic Fax _____

If you don't have a vet do you need a list of avian veterinarians in your area? Yes No

Do you need instruction and/or information regarding proper bird care? Yes No

Anticipated Household Changes

Do you anticipate any significant changes in the following:

Change	If yes, please explain	Could you keep the bird in this situation
1) Employment <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Children <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Relationship <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Finances <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Moving <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Travel <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who will care for your bird if you go on an extended vacation? _____

What provisions have you made for your birds and/ or other pets in the event of your illness or death?

Birds Interests & Experience

How did you learn about Santa Barbara Bird Sanctuary? _____

What experience do you have with captive birds? _____

What resources have you consulted on the proper care of captive birds? _____

What is the most important characteristics you are looking for in a bird? _____

What species of bird are you interested in adopting? _____

Why this species? _____

What resources have you consulted on this specific species? _____

What are some traits/needs particular to this species? _____

Explain proper care and nutrition for this species. _____

Explain proper housing for this species. _____

Are you interested in adopting for breeding purposes? _____

List other bird species you currently breed. _____

If your adopted bird developed a behavioral problem, how would you deal with the problem?

References

Please list contact information for 3 people, other than relatives, who have known you well for 3 or more years.

Reference #1

Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-Mail _____

Reference #2

Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-Mail _____

Reference #3

Name _____ Relationship _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ E-Mail _____

I understand this bird must remain in my home. If my circumstances change, I understand I must contact Santa Barbara Bird Sanctuary to forward any changes including my address and/ or phone numbers. I also understand that Santa Barbara Bird Sanctuary may contact my references prior to approval of this application.

Applicant's signature

Print Applicant's Name

Date