Santa Barbara Bird Sanctuary
Bird Relinquishment Form

Would assistance with education or behavior modification be a possibility as a means for you to keep your bird? □ Yes □ No

Bird Information

Bird’s Name ___________________________ Species ___________________________

Hatch Date ______________ Age _________ Sex (if Known) □ M □ F

How and when was the sex verified? __________________________

When did you acquire your bird? __________________________

Where did you acquire your bird? □ Pet Store □ Breeder □ Animal Shelter □ Bird Club
□ Private Party □ Friend or Family □ Gift □ Other __________________________

Please provide contact information for your bird’s breeder, pet shop, or previous owner:

Contact Name __________________________ Store/ Business __________________________

Address __________________________ ___________________________________________

City __________________________ State ___________ Zip Code __________

Phone __________________________ Fax __________________________

Veterinary Information

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

Do you currently have an avian veterinarian? □ Yes □ No □ If yes Please provide contact information:

Avian Vet’s Name __________________________ Clinic Name __________________________

Clinic Phone Number __________________________ Clinic Fax __________________________

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

What was the reason for this visit? __________________________

If your bird is banded, micro-chipped or DNA registered please write the band number, micro-chip brand or with whom DNA is registered. __________________________

Has your bird had any health problems? □ Yes □ No □ If yes, please list the illness or injury and what medications may have been taken. __________________________

Does your bird have any conditions requiring special needs? (Special Cage set up) __________________________

__________________________________________________________________

__________________________________________________________________
Current Diet

Describe your bird’s current daily diet.

List the foods your bird currently eats, including specific food names and brands:
Seeds ___________________________ Pellets ___________________________
Nuts ___________________________ Treats ___________________________
Cooked Foods ___________________________

Fruits and Vegetables ___________________________

Table Foods ___________________________

Junk Foods ___________________________

Favorite Foods ___________________________

Do you use vitamin Supplements? □Yes □ No If Yes, what kind and how do you give them.

Routine Care

Who is your primary caregiver?

When you go on vacation, who cares for your pets?

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

How often do you: change the bedding/newspaper? _______ Disinfect the cage? _______

Describe your birds favorite toys ___________________________

Does your bird ever have night frights? □Yes □ No Do you cover your bird at night? □Yes □ No

Describe your birds bathing habits, including frequency, likes, and dislikes ___________________________

Is your bird destructive? □Yes □ No Please explain ___________________________

How many hours does your bird spend:outside the cage? ___interacting with you ___ alone? ___

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

If yes, please describe ___________________________

Are there any other birds or pets in your home? □Yes □ No If yes, please list ___________________________
Behavior

Is your bird hand tame?  □ Yes  □ No  Please explain ________________________________

Does your bird like visitors in the home?  □ Yes  □ No  Please explain ________________________________

interact with other birds or pets?  □ Yes  □ No  If yes, please describe ________________________________

like children?  □ Yes  □ No  Please explain ________________________________

have any behavioral problems (screaming, plucking, chewing, biting, phobias)?
□ Yes  □ No  If yes, please describe ________________________________

Who is your bird’s favorite person? ____________________________________________

List other members in your household and describe how they interact with the bird.
________________________________________________________

Has your bird ever been to a behaviorist?  □ Yes  □ No  If yes, who, when, and what were the results?
________________________________________________________

List any changes in your household that may have contributed to the above behavioral problems.
________________________________________________________

________________________________________________________

Why are you considering placement of your bird with Santa Barbara Bird Sanctuary?
________________________________________________________

________________________________________________________

How did you learn about Santa Barbara Bird Sanctuary? ________________________________

________________________________________________________

________________________________________________________

Contact Information

Owners Name __________________________________________

Address __________________________________________

City ___________________________ State ___________ Zip Code __________

Phone ___________________________ Work Phone __________________________

Fax ___________________________ E-Mail __________________________
I hereby authorize the release of ALL medical records pertaining to the above listed bird(s)
to representatives of Santa Barbara Bird Sanctuary.

Instructions

I, ____________________________, hereby surrender to SBBS the above listed bird(s) to be placed in the
SBBS adoption program. I relinquish all claims to the above listed bird(s) and any future progeny.

Donor’s Signature ____________________________ Print Donor’s Name ____________________________ Date ____________

The above mentioned bird(s) has been accepted for SBBS by:

SBBS Representative’s Signature ____________________________ Print SBBS Representative’s Name ____________________________ Date ____________

Terms and Conditions of Relinquishment

1) The SBBS will hold your bird for a period of thirty days, which gives us the opportunity to evaluate
the bird’s health and behavior, and gives the previous owner the option of changing their mind. In the
event you decide to reclaim the bird, you will be responsible for paying all boarding and/or fees
incurred (ie: Veterinary etc.) while the bird is under care of the SBBS during the thirty day period.

2) It is appropriate/optional to leave a tax deductible donation to the Santa Barbara Bird Sanctuary
upon relinquishment of the bird to cover the costs of our care during the thirty day holding period.

3) I am relinquishing the bird to the Santa Barbara Bird Sanctuary and understand that after 30 days
this bird will be placed in our adoption program. If the relinquishing owner does not reclaim (and pay
fees incurred) during the thirty day holding period, the bird will be available for adoption. Any
information regarding the adoptive party will be kept confidential for the privacy of the adopting
family. It is understood that SBBS will seek the best possible home with the agreement that
if the new adoptive family cannot keep the bird that it will be returned to the SBBS.

Owners Signature ___________________________________________ Date ____________
Amount of Donation (If Any) $ ___________________________________________

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