

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?
If yes, before completing this form you may want to contact an avian behavioral specialist. 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 birds 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 ben 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) \$ _____

PO Box 90646 Santa Barbara, CA 93190 Phone (805) 565-1807 Fax (805)969-3709

TAX ID NUMBER: 77-0218710 - A NOT FOR PROFIT CORPORATION