

**Companion
Parrots
Re-homed**

Giving parrots a fresh start



ADOPTION APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) - _____ Mobile/Cell: (____) - _____

In what type of dwelling will the bird live (house, apartment, etc.)? _____

Have you ever had birds or any experience with birds? If so, what species? _____

If you have owned birds previously, why do you no longer have them? _____

Number adults in the home: _____

Number of children and ages in the home: _____

Do all occupants in the home agree to this adoption? _____

For how many hours each day will the bird be left alone? _____

Who will be the bird's primary caregiver? _____

What other birds are in the home and how long have you had birds? Explain their vet care. _____

What other pets do you have? _____

What species of parrot are you interested in adopting? _____

Do you travel often? Who would take care of your bird while you travel? _____

Does anyone in the house smoke? _____

Are you prepared for the financial obligation of providing yearly veterinary care with a qualified avian vet as well as other expenses involving ownership such as food, toys, etc? _____

I have received a copy of the Adoption Policy and I have read and agree to the terms of this policy.

Adopter

Date

CPR Representative

Date

Please complete and sign the application and return.

In person or by mail:

Companion Parrots Re-homed
321 South Polk St, 2C
Pineville NC 28134

Fax: 704-889-2335

Scan and email to: info@CompanionParrots.org