



# Cullen's Archangel RescuE, Inc. (CARE) Avian Adoption Application & Contract

P. O. Box 969, Swansea, SC 29160

\*\*\*Email completed forms to: [caretoadopt@gmail.com](mailto:caretoadopt@gmail.com)\*\*\*  
[www.caretoadopt.org](http://www.caretoadopt.org)



Name \_\_\_\_\_

Street \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Best time to call? \_\_\_\_\_ Home Email Address \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ (optional) Work Email (optional) \_\_\_\_\_

Name of bird you are interested in: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

How did you hear about this animal? \_\_\_\_\_

What type of home do you live in? \_\_\_\_\_ (house, trailer, apartment, duplex, etc.)

Own\_\_\_\_ or Rent\_\_\_\_ If renting, does your landlord allow pets and is pet deposit paid? \* Yes\_\_\_\_ or No \_\_\_\_

\*A letter from your landlord stating that you have permission to have this pet live on the premises is required.

Approximately how many hours will your pet be alone each day? \_\_\_\_\_

Are you willing to have one of our representatives visit you in your home prior to adoption? Yes\_\_\_\_ or No\_\_\_\_

Are there children living in the home (or visit often)? Yes\_\_\_\_ or No\_\_\_\_ Ages \_\_\_\_\_

Do you understand the importance of yearly exams and fecal testing in birds? Yes\_\_\_\_ or No\_\_\_\_

Are you familiar with common bird diseases and how to handle them? Yes\_\_\_\_ or No\_\_\_\_

Do you know what a "blood feather" is and how to handle it? Yes\_\_\_\_ or No\_\_\_\_

If so, what would you do? \_\_\_\_\_

Do you know how to tell if your bird is sick? Yes\_\_\_\_ or No\_\_\_\_

If so, how would you know and what would you do? \_\_\_\_\_

Are you aware that burning food in Teflon coated cookware is deadly to birds? Yes\_\_\_\_ or No\_\_\_\_

How would you prevent your bird dying from Teflon toxicity? \_\_\_\_\_

Cullen's Archangel RescuE, Inc. – CARE is an official 501(c)(3) nonprofit animal rescue.

Federal ID: 20-0931229 SC ID: 12206

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Do you know why and how to clip your bird's wings? Yes\_\_\_ or No\_\_\_

What diet do you plan to feed your new bird? \_\_\_\_\_

Does anyone in the household or who visits regularly have pet allergies? Yes\_\_\_ or No\_\_\_

Do you know what foods are harmful to birds? Yes\_\_\_ or No\_\_\_

Are you aware that ceiling fans can be harmful to birds? Yes\_\_\_ or No\_\_\_

Do you have other pets? Yes\_\_\_ or No\_\_\_ How many animals do you have? \_\_\_\_\_

If yes, please describe them below:

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_ Neutered? Yes\_\_\_ or No\_\_\_

Species\_\_\_\_\_ Breed\_\_\_\_\_ Personality\_\_\_\_\_

Are your pets current on vaccines, heartworm and flea/tick prevention (if it applies)? Yes\_\_\_ or No\_\_\_

If you listed cats, are they indoor or outdoor? \_\_\_\_\_

If you listed any dogs, are they indoor or outdoor? \_\_\_\_\_

Do you think your other pets will be accepting of this new pet? Yes\_\_\_ or No\_\_\_

How do you plan to adjust your current pets to this new pet? \_\_\_\_\_

What other animals have you had in the past? Please give the animal's name, breed, length of time you had them, and the reason you no longer have them:

\_\_\_\_\_  
\_\_\_\_\_

Is there someone home during the day? Yes\_\_\_ or No\_\_\_ At night? Yes\_\_\_ or No\_\_\_

Where will the bird stay during the day?\_\_\_\_\_ At night?\_\_\_\_\_

Are you prepared for the 1-3 month adjustment period that a newly adopted pet may need? Yes\_\_\_ or No\_\_\_

What are you looking for in terms of personality with this bird? \_\_\_\_\_

Required references we may contact: **(if possible, please list one relative and one non-relative)**

Name: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**Current Veterinarian\*:** (be sure they treat birds, please give Dr. and clinic's name)

Name \_\_\_\_\_ Pet(s) seen there: \_\_\_\_\_

Street \_\_\_\_\_ Client for how long? \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax Phone (\_\_\_\_\_) \_\_\_\_\_

\* Please notify your Vet's office that an application has been submitted for adopting an animal from CARE. Give them permission to release general information about you and your pet care history to a CARE representative. In addition, your signature below will also serve as giving your permission to release the aforementioned information (required by some Vets). This is only used for adoption purposes.

**Emergency Veterinarian\*:** (be sure they treat birds)

Name \_\_\_\_\_

Street \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax Phone (\_\_\_\_\_) \_\_\_\_\_

\* If you do not know who handles emergencies in your city, please research and list them here. Be sure to know in case an emergency ever arises. Most vets will not see their client's emergencies. Usually, you must go to a separate Emergency Clinic. We would like to make sure you are prepared. Please keep this information on your refrigerator or close to the phone.

Adoption Agreement:

I understand that adopting an animal is a lifelong commitment and I am willing to take on this commitment for the animal I adopt from Cullen's Archangel RescuE, Inc. (CARE). I understand that CARE & the veterinarians they use have taken care of everything they see medically necessary for this animal at this time. I understand that any medical condition(s) or medical treatment that may be deemed necessary for this pet at a future time will be my financial responsibility alone. I will not hold CARE or its veterinarians responsible for any medical issues that exist after the time of adoption, unless otherwise noted by CARE's Board of Directors on the bottom of this form. I understand that I may, and am encouraged to, contact CARE should any medical issues arise for guidance and any assistance they can provide me. I understand that this does not obligate CARE to assist with the medical bills in any way.

Initial here \_\_\_\_\_

I certify that all the information I have provided in this adoption application is accurate and true. CARE will gladly provide phone and email support for the life of your pet. **I understand that if a reason ever arises that I can no longer keep this animal, I MUST return this animal to CARE only.** CARE will take possession of the animal within one week (7 days) after it receives notification from the owner that he or she can no longer keep this animal. I also understand that I am not allowed to adopt this animal from CARE and give it to anyone else as a gift or for any other

reason. I am aware I will need to pay a non-refundable (after 30 days) adoption fee of \$ \_\_\_\_\_ for this animal after CARE's Board of Directors has approved my adoption of this pet.

Initial here \_\_\_\_\_

I promise to provide veterinary exams, fecal tests and any other veterinary care when necessary. I agree to feed this bird 100% nutritionally complete food (including, but not limited to oats, grains, fresh fruits, and vegetables), provide a constant supply of fresh clean water, and appropriate shelter at all times throughout his/her life. I agree to keep this bird safely confined in my house, in an adequate bird cage when necessary, transported in a carrier or small bird cage when needed, and I will not let my bird loose outdoors at any time. I understand this bird, even with clipped wings, can escape when outdoors. Most importantly, I agree to treat this animal as part of my family.

Initial here \_\_\_\_\_

CARE makes no guarantee against accidents nor do we guarantee compatibility with your current pets.

Last, I certify that I am at least 18 years of age, a legal US citizen, and the person interested in adopting this pet. I agree to include a photocopy of my current driver's license for verification purposes. I understand that this will be kept confidential and not given out to any other parties. If you falsify any information or neglect to inform us of any information that is pertinent in processing your application, your application will not be approved. If falsification is discovered after adoption, our pet will be removed from your possession immediately.

Initial here \_\_\_\_\_

This agreement is binding upon all parties hereto, their heirs, successors and assigns, and shall be governed in accordance with the laws of the State of South Carolina. Any legal actions or disputes will be resolved in the County of Richland, State of South Carolina. This is the full and final agreement. There are no other agreements, oral or otherwise. Any subsequent agreements will be entered into in writing.

Initial here \_\_\_\_\_

If you agree to the terms of CARE's adoption policy, please indicate by signing below.

Application Date \_\_\_\_\_

Approval Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant (at time of adoption)

\_\_\_\_\_  
Printed Name of Applicant

Interview Date \_\_\_\_\_

\_\_\_\_\_  
Signature of CARE Board Member

CARE Notes: \_\_\_\_\_

Revised 1/2/09