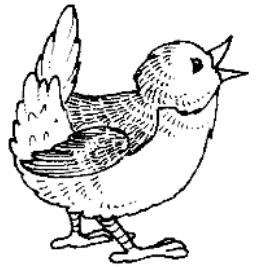




Cullen's Archangel RescuE, Inc. (CARE) Avian Adoption Application & Contract

P. O. Box 90060, Columbia, SC 29290

Email completed forms to: caretoadopt@gmail.com
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? _____

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_____

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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 10/19/09