

A Helping Wing Parrot Rescue Bird Surrender Form

www.ahelpingwing.org

845.475.8249



We know how difficult it is to place an animal. Completing this form helps us to know as much as possible about your bird. Please fill in as many answers as you can. We want to make the transition from your home to the bird's next home as easy as possible. If you have any questions, please feel free to ask. Please print clearly. Thank you.

Please fill out one form for each bird you are placing with us. All of this information helps your little friend.

Bird's Name: _____ Date: _____

Nick Name: _____

Species / Breed: _____ Band # (if known) _____

Age of bird now: _____ Hatch Date: _____

Sex: Male Female Unknown

If known, how did you verify: Surgical Feather Blood

When did the bird originally join your home: _____

How did you originally acquire the bird?

breeder pet store animal shelter gift friend / relative who couldn't care for bird

Explain further (if necessary): _____

Do you have reason to believe the bird is wild caught? YES NO

Owner/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (advise which is preferred way to contact you)

Home: _____ Cell: _____

Work: _____

E-mail address: _____

Who was the bird's primary caregiver? _____

Has your bird: (mark all that apply)

- | | | |
|---|-------------------------|-------|
| <input type="checkbox"/> Had surgeries | If yes, please explain: | _____ |
| <input type="checkbox"/> Injuries | If yes, please explain: | _____ |
| <input type="checkbox"/> Infections | If yes, please explain: | _____ |
| <input type="checkbox"/> Has been or is on medication | If yes, please explain: | _____ |
| <input type="checkbox"/> Alternative therapies | If yes, please explain: | _____ |

When was your bird's last vet visit? _____

What was the reason for the last visit? _____

Feather condition: (mark all that apply)

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Full feather | |
| <input type="checkbox"/> Overgroomer (bites feathers, but does not pull them out) | |
| <input type="checkbox"/> Plucked | If yes, please explain: _____ |
| <input type="checkbox"/> Seasonal plucker | If yes, please explain: _____ |
| <input type="checkbox"/> Plucks only certain areas (wings, chest) | If yes, please explain: _____ |
| <input type="checkbox"/> Mutilator | |

If a plucker, has your bird been to the vet regarding this issue? Yes No

If yes, please elaborate: _____

Bathing: (mark all that apply)

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Once a month | <input type="checkbox"/> Bathes in a bowl | <input type="checkbox"/> Gets in the shower |
| <input type="checkbox"/> Never (bird doesn't like it) | <input type="checkbox"/> Once a week | <input type="checkbox"/> I spray | <input type="checkbox"/> I mist |

Do you use any of the following items with your bird?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Humidifier | <input type="checkbox"/> Dehumidifier |
| <input type="checkbox"/> Air purifier | |

Behavior: (mark all that apply)

- Steps up fine
- Cage aggressive (i.e., bites in the cage, but is fine outside)
- Bites all the time
- Bites everyone EXCEPT: _____
- Does NOT like men Does NOT like women Does NOT like children
- Stick trained
- Hand shy
- Does NOT like to go in cage
- Flinches around certain objects (brooms, sticks) EXPLAIN: _____
- Knows commands (step up, step down, etc)
- Screams all the time
- Screams for attention
- Hardly ever / rarely screams

Do you use a no-no bottle? YES NO

Have there been any changes in your household which may have contributed to behavioral issues: _____

Sleeping habits: (mark all that apply)

- Cover cage
- Do NOT cover cage
- Sleeps in own room
- Sleeps and lives in living area (family room)
- Stays up most of the night
- Naps throughout the day

Wake time: _____ Bed time: _____ (on a typical day)

Describe your bird's vocabulary (specific words, sounds, singing):

Why are you surrendering your bird?

How did you hear about A Helping Wing?

Is there anything else we should know?

Veterinarian Contact Information:

VETERINARY MEDICAL INFORMATION RELEASE

Bird's Name: _____

Nick Name: _____

Species / Breed: _____ Band # (if known) _____

Sex: Male Female Unknown

I hereby grant permission to release any and all information regarding the above mentioned bird to:

Jeanne & John Gilligan
A Helping Wing Parrot Rescue
P.O. Box 433
Hopewell Junction, NY 12533
845.475.8249 (phone)
212.377.4484 (fax)

Owner/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

A HELPING WING RELEASE FORM

I, _____, hereby relinquish all rights to the following bird.

Name: _____

Species: _____

Band/Microchip No: _____

As legal owner / guardian / caretaker, I avow that I have all legal rights to surrender this bird to **A Helping Wing Parrot Rescue** run by Jeanne & John Gilligan. There are no other owners or individuals who can claim ownership or guardianship. I do this freely and without reservation.

Signature: _____

AHW Representative: _____

Date: _____