



Ziggy's Haven Bird Sanctuary, Inc.

718 SW Churchill Way

Lake City, FL 32025

386-466-1192

386-755-3023 fax

Info @ziggyshaven.com

Avian Adoption Application

Date: ___/___/___

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Work Phone: _____

How many people living in your household? _____ Adults? _____ Children? _____

Please list ages of all other members living in your home: _____

Do you have any other pets? _____ Please list type and how many of each:

Is each member of your household aware that you are filling out this application? _____

Current Employer: _____

Phone: _____ Supervisor: _____

How long with this employer? _____ How many hours a week do you work? _____

Do you own or rent your current residence? _____ How long at current residence? _____

If you rent, are pets allowed? _____ Landlord name: _____

Address: _____

Phone: _____ Fax: _____

Do you live in an apartment _____ House _____ Condominium _____

Do you currently own a companion parrot? ____ Breed: _____ How long? _____

Have you previously owned a parrot? _____ Please explain why you no longer own this bird:

Please explain any experience you have had with companion parrots (use an additional sheet of paper if necessary): _____

Why have you chosen to adopt a parrot? _____

How did you hear of Ziggy's Haven Bird Sanctuary? _____

Do you currently have an avian veterinarian? _____

Clinic Name: _____ Vet's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

If you do not currently have an avian vet would you like Ziggy's Haven to recommend a qualified avian vet in your area? _____

What will you do with your bird if you have to go away on an emergency or family vacation?

You are aware that this bird may out live you. Prior arrangements must be made as to the outcome of this bird in the event of your passing. What type of arrangements will you make?

What type of bird are you seeking to adopt? _____

Why this species? _____

Please provide us contact information for 2 personal references of people who have known you at least 5 years and 1 veterinary reference.

Name: _____

Address: _____

Phone: _____ Years known: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Years known: _____ Relationship: _____

Vet Name: _____

Address: _____

Phone: _____ Fax: _____ Yrs as vet: _____

By signing this application, you agree that the bird must remain in your custody. If your circumstances change and you are no longer able to care for this bird, that it must be returned to Ziggy's Haven. No refunds of adoption fees will be given. You must provide Ziggy's Haven with any change of address and/or phone number. You agree that Ziggy's Haven will check references, verify employment and housing prior to the adoption process. You also agree to allow a representative of Ziggy's Haven into your home to check on the adopted bird. You understand that if at any time this bird is found to be given improper care, that this bird will be removed from the home by the representative performing the home visit.

A \$25.00 application processing fee must be included with this application. This fee covers the cost of reference checks, home checks and employment and housing verifications. Applications mailed in without the application fee cannot be processed.

Signature Print Name Date

Mail completed application to:

Ziggy's Haven Bird Sanctuary

c/o Adoption

718 SW Churchill Way

Lake City, FL 32025

Fax 386-755-3023

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