



Ziggy's Haven Bird Sanctuary, Inc.
 718 SW Churchill Way
 Lake City, FL 32025
www.ziggyshaven.com
ziggyshaven@msn.com
 (386) 466-1192
 (352) 302-6199

Avian Surrender Form

The following information will help us to provide the best possible care for the bird you wish to surrender. Please fill out this form to the best of your ability. If you have any questions or need assistance please feel free to contact us.

I, _____, do hereby give this bird to Ziggy's Haven Bird Sanctuary, Inc for placement as they see to be in the best interest of this bird. I understand that by signing this contract, I will have no cause or right to reclaim this bird and that Ziggy's Haven Bird Sanctuary, Inc is the rightful owner and may retain the rights to make any and all decisions concerning this bird's future.

 Signature Printed name Date

Contact Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____
 Email: _____

Avian Information

Bird's Name: _____ Species: _____
 Age: _____ Sex (if known): _____ How was sex verified? _____
 How long in present home? _____ How many previous homes? _____
 Please describe this bird's diet (seed, pellet, fresh and cooked fruits and vegetables etc): _____

 Reason for surrendering this bird: _____

If you are surrendering this bird due to behavioral reasons, would you consider working with our parrot behaviorist to see if the behavior can be corrected? _____

Is this bird friendly? _____ Hand tame? _____ Aggressive? _____

Does this bird prefer men, women or no preference? _____

Does this bird like children? _____ Does this bird have any physical or emotional problems that we need to be made aware of to better provide for his/her care?

_____ If yes, please describe in detail: _____

Has this bird ever been socialized with any other birds? _____ Please describe any likes or dislikes this bird may have: _____

Please describe any favorite toys or activities this bird enjoys: _____

Please provide any details about this bird that may be helpful in his/her adjustment to Ziggy's Haven Bird Sanctuary, Inc.: _____

Would you prefer this bird remain in sanctuary? _____ Would you prefer for this bird to be placed in a suitable home which meets or exceeds this birds requirements? _____

If placed in a suitable home, would you like the adoptive family to have your contact information? _____

Has this bird ever been seen by an avian veterinarian? _____ If yes, please explain in detail (well bird exam, illness etc): _____

Reason you have chosen Ziggy's Haven Bird Sanctuary, Inc to surrender your bird to:

How did you hear about us? _____

On the following page please provide veterinary contact information and sign the release for us to obtain this birds medical records. We thank you for your faith in Ziggy's Haven to provide the best possible care for your avian companion.



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Medical Records Release Authorization

I hereby authorize the release of ALL medical records pertaining to the below mentioned bird to Ziggy's Haven Bird Sanctuary and its representatives:

Bird's Name : _____ Species: _____

Your name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____

Name of Veterinary Clinic: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Signature Printed name Date

The above mentioned bird has been accepted at Ziggy's Haven Bird Sanctuary, Inc by:

Signature Printed name Date