



**ADOPTION APPLICATION**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Married:\_\_\_\_ Single:\_\_\_\_ Smoker? Yes:\_\_\_\_ No: \_\_\_\_  
 Children: Yes:\_\_\_\_ No:\_\_\_\_ Ages: \_\_\_\_\_  
 Other Pets or Animals: Yes:\_\_\_\_ No:\_\_\_\_  
 If Yes, explain: \_\_\_\_\_

Living Situation: Own:\_\_\_\_ Rent:\_\_\_\_ House:\_\_\_\_ Condo:\_\_\_\_ Apartment:\_\_\_\_

Employment: Full-time:\_\_\_\_ Part-time:\_\_\_\_ At Home:\_\_\_\_ Extended Travel:\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you be willing to volunteer at Foster Parrots? Yes:\_\_\_\_  
 No:\_\_\_\_

Would you be willing to let a Foster Parrots representative conduct a Pre-adoption home visit? Yes:\_\_\_\_ No:\_\_\_\_

Would you be willing to let a Foster Parrots representative conduct Post-adoption home visits? Yes:\_\_\_\_ No:\_\_\_\_

Would you consider providing temporary foster care to a parrot? Yes:\_\_\_\_ No:\_\_\_\_

Would you be willing to adopt a noisy or "wild" parrot? Yes:\_\_\_\_ No:\_\_\_\_

Would you be willing to adopt a bonded pair of birds? Yes:\_\_\_\_ No:\_\_\_\_

Would you be willing to attend up to 3 parrot care classes at Foster Parrots? Yes:\_\_\_\_ No:\_\_\_\_

Please detail your previous parrot care experience:

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

Please provide details regarding the diet you plan to feed your parrot:

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Explain what kind of living arrangements you have planned for your parrot:

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What kinds of enrichments will you be able to provide regularly for your parrot? \_\_\_\_\_

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How much out-of-cage time will your parrot have each day?

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How much one-on-one attention or socialization will your parrot have each day?

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If you have cats, dogs or children, how do you plan to keep your parrot safe from harm?

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If your parrot becomes aggressive toward you, your partner, your children or other household animals, how do you plan to deal with the problem? \_\_\_\_\_

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If your bird vocalizes or screams excessively, how do you plan to address this?  
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Are you willing to work through issues of territoriality, destructiveness or seasonal aggression related to reproductive cycles? How? \_\_\_\_\_

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If you travel or vacation periodically, what arrangements will you make for your parrot? \_\_\_\_\_

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If your parrot becomes ill or injured, do you have an avian certified veterinarian available to provide services, and are you financially capable of addressing the cost of specialty veterinary care? \_\_\_\_\_

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Are you aware of the dangers of Teflon in the presence of birds?

Yes:\_\_\_\_ No:\_\_\_\_

Do you currently have Teflon products in your home?

Yes:\_\_\_\_ No:\_\_\_\_

If yes, are you willing to replace all Teflon products?

Yes:\_\_\_\_ No:\_\_\_\_

Do you or does anyone else smoke inside the home?

Yes:\_\_\_\_ No:\_\_\_\_

Do You plan to clip your birds wings?

Yes:\_\_\_\_ No:\_\_\_\_

If yes, why? \_\_\_\_\_

If no, explain how you plan to ensure your parrot does not escape: \_\_\_\_\_

Are you aware of the psychological and health benefits of flight?

Yes:\_\_\_\_ No:\_\_\_\_

Are you aware of the potential long life-span of parrots?

Yes:\_\_\_\_ No:\_\_\_\_

What kinds of arrangements are you prepared to make for the care of your parrot when you become too old to provide care, if you become sick or disabled, or if you die unexpectedly? \_\_\_\_\_

Why have you chosen to pursue a parrot as a companion? \_\_\_\_\_

What species of parrot are you most interested in and why? \_\_\_\_\_

Why have you chosen to pursue adoption rather than purchase a parrot? \_\_\_\_\_

PLEASE INCLUDE A \$25. APPLICATION FEE (NON-REFUNDABLE) WITH THIS APPLICATION.  
APPLICATIONS SUBMITTED WITHOUT THE \$25. FEE WILL NOT BE CONSIDERED. **APPLICANTS MUST LIVE IN NEW ENGLAND** AND MEET ALL PRE-SPECIFIED REQUIREMENTS FOR ADOPTION.  
PLEASE MAIL APPLICATIONS TO:

**FOSTER PARROTS, LTD.**  
**P.O. BOX 650**  
**ROCKLAND, MA 02370**