

# St. Louis Avian Rescue (STAR) Adoption Application

**ANY APPLICATIONS NOT FILLED OUT COMPLETELY WILL NOT BE CONSIDERED!**

Thank you for taking the time to complete this application form in its entirety. The information provided will help us understand your home environment. Do not hesitate to call with questions or assistance in completing this form. Please be as thorough and precise as possible. We will be checking ALL veterinary references, and we ask that you notify your clinic so they can release information to our organization. *We reserve the right to refuse an applicant.*

**Due to limited volunteer time, we review applications twice a month. Your patience is appreciated.**

*Approved applicants will be placed on our mailing list for updates and special events (program use only).*

**Our contract requires that if you cannot keep the bird for any reason, you MUST return the bird to our program.**

**Are you agreeable to this requirement?**

Date: \_\_\_\_\_

### **ATTENTION OUT OF THE AREA APPLICANTS:**

*In special circumstances, we will consider out of the "area" adoptions. (By "area" we mean St. Louis City, St. Louis County, and surrounding Missouri and Illinois Counties.) Such placements are conditional on finding a rescue contact in your area to complete a home visit. Long distance calls will be returned collect. You must have a **CURRENT** avian vet and list 2 personal references at the end of this application.*

If you live outside of the St. Louis area, are you willing to personally drive here to pick up the bird? \_\_\_\_\_

### **CONTACT INFORMATION:**

Name:			
Address:			
City, State, Zip Code:			
Home Phone:		Cell Phone:	
Work Phone:		E-mail:	

What is the best way to reach you? \_\_\_\_\_

### **RESIDENTIAL INFORMATION:**

Type of residence: House \_\_\_\_\_ Condo \_\_\_\_\_ Apartment \_\_\_\_\_ Other \_\_\_\_\_

Do you rent \_\_\_\_\_ own \_\_\_\_\_? How long have you resided here? \_\_\_\_\_

If renting or leasing, do you have the landlord's permission to acquire a pet? \_\_\_\_\_

Landlord's Name & Contact Information: \_\_\_\_\_

How many people who reside in or visit your home smoke cigarettes or use other nicotine products? \_\_\_\_\_

### **FAMILY DEMOGRAPHICS:**

Family members residing in home including yourself: \_\_\_\_\_

Name (including yourself)	Age	Relationship to you

Does everyone in your household know you are applying to adopt a bird?  Yes  No

Would you permit us to do a background check if needed?  Yes  No

Does anyone in your household have allergies or asthma?  Yes  No

Please tell us about your bird experience: \_\_\_\_\_

\_\_\_\_\_

Are you aware that exotic birds may carry diseases that can infect humans?  Yes  No

Do you use scented plug-ins, air fresheners, candles, etc? \_\_\_\_\_

Do you use nonstick coated cookware?  Yes  No

**EMPLOYMENT INFORMATION:**

Are you employed outside of the home?  Yes  No If yes, full-time or part-time? \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

**STUDENT INFORMATION:**

Are you a student?  Yes  No If yes, full-time or part-time? \_\_\_\_\_

School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**POTENTIAL BIRD INFORMATION:**

What bird(s) are you interested in adopting? \_\_\_\_\_

Why are you interested in adopting a bird?

- Want a companion for self or family   
 Want a companion for another pet   
 Looks pretty, unusual  
 For breeding   
 As a gift for someone   
 Had one before/Have one now   
 Other, please explain

\_\_\_\_\_

What are the most important characteristics you are looking for in a bird? \_\_\_\_\_

\_\_\_\_\_

Are you aware that birds might have or develop habits that could injure people and cause damage to property (destruction of clothing or furniture, biting, screaming, dislike of certain people, droppings, etc.)?  Yes  No

If your bird develops a bad habit, what will you do? \_\_\_\_\_  
\_\_\_\_\_

Would you be willing to attend a class on bird care if available? \_\_\_\_\_

How did you learn about St. Louis Avian Rescue? \_\_\_\_\_

**CURRENT BIRD INFORMATION:**

Have you ever had birds? \_\_\_\_\_

If you no longer have birds, what happened to them? \_\_\_\_\_  
\_\_\_\_\_

Do you currently have any birds?  Yes  No If yes, please list:

Name	Species	Age	Sex - if known	How long have you had this bird?	Date of last vet visit

Who is/will be the bird's primary caregiver? \_\_\_\_\_

When you go on vacation, who cares/will care for your bird(s)? \_\_\_\_\_

How often do you clean the cage? \_\_\_\_\_

How do you disinfect the cage? \_\_\_\_\_

How much time does your bird spend outside the cage each day? \_\_\_\_\_

How do/will you provide daily exercise and entertainment for your bird? \_\_\_\_\_  
\_\_\_\_\_

How much time does your bird spend alone? \_\_\_\_\_

Do/Will you leave the radio, TV, or other audio/video on for your bird? \_\_\_\_\_

Describe your bird's sleeping habits, including bedtime, wake-up time, nap time, and hours of sleep each day:

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

Describe your bird's bathing habits, including frequency, likes, and dislikes: \_\_\_\_\_  
\_\_\_\_\_

What kinds of foods do you feed your own bird(s)?

- Pellets     Seeds     Nuts     Bird Treats     Fruits  
 Vegetables     Cooked Foods     Table Foods     Snack Foods

**AVIAN VETERINARIAN INFORMATION:**

If you live out of the St. Louis Area you **must list an avian vet** – if you do not currently have a vet, please list a clinic you **intend to use**.

Do you currently have an avian veterinarian?  Yes  No

If yes, please provide contact information. If no, please list who you will use.

Clinic Name:	
Avian Vet's Name:	
Address:	
City, State, Zip Code:	
Phone:	

How often do/will you take your bird to the vet? \_\_\_\_\_

**CURRENT PET INFORMATION:**

Do you currently have pets other than birds?  Yes  No If yes, please list:

Name	Species/Breed	Age	Spayed/ Neutered?	De-clawed?	Indoor or Outdoor	How long have you had this animal?	Date of last vet visit

Have you ever had any pets you no longer have? If yes, please explain the circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT VETERINARIAN INFORMATION (If different from Avian Veterinarian Information):**

Clinic Name:	
Vet's Name:	
Address:	
City, State, Zip Code:	
Phone:	

**VETERINARY INFORMATION RELEASE:**

I hereby authorize the release of **ALL** medical records pertaining to the listed animal(s) to representatives of St. Louis Avian Rescue (STAR).

**PLEASE READ CAREFULLY. This is not meant to intimidate you nor to cast a negative light on exotic birds. Rescued birds are no more and no less likely to behave in an aggressive or unpredictable manner than any others. But, STAR wants to make you aware of possibilities when working with them.**

The birds STAR places have been surrendered, abandoned, or in some way displaced. They may have been abused or neglected. There may only be limited information available regarding their previous environment. STAR will share with you what information we have. There will be an adjustment period. Remember to be patient, consistent, and understanding.

Avian medicine is a relatively new discipline. It is possible for a bird to be a carrier of, or infected with, a disease that is undetectable with the current tests and tools available today. Therefore, you should quarantine any bird new to your flock. We recommend a period of at least 30 days – 90 would be even better.

If a bird is placed with you, you will be responsible for providing appropriate food, water, and loving attention. Many parrots have an extremely long life expectancy. Please think carefully about this. Are you ready to make this commitment?

I certify that I have never been charged with nor convicted of animal abuse or neglect in Missouri or any other state. I certify that no one in the household where this bird would reside has been charged with nor convicted of animal abuse or neglect in Missouri or any other state. \_\_\_\_\_ (Please Initial)

*I certify that any bird adopted will NOT be placed into a breeding situation. I certify that should I not be able to or not want to properly care for this bird, or in the event of my death, the bird will be returned to St. Louis Avian Rescue.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Out of Area Applicants**

Personal Reference One: \_\_\_\_\_

\_\_\_\_\_

Personal Reference Two: \_\_\_\_\_

\_\_\_\_\_

Please complete and e-mail to [staravianrescue@gmail.com](mailto:staravianrescue@gmail.com)

Or mail to:

STAR

PO Box 732

Manchester, MO 63011

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