

St. Louis Avian Rescue (STAR)

Bird Surrender Form

Thank you for taking the time to complete this surrender form in its entirety. The information provided will help us to understand your bird's needs, and will enable us to find the best placement for him/her. Please do not hesitate to call with questions or assistance in completing this form. If placement is the only alternative for you, please contact your veterinarian for complete medical records and return with this form.

Completion of this form *does not guarantee* acceptance of your bird(s).

Please fill out a separate form for each bird surrendered.

Date: _____

CONTACT INFORMATION:

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

SURRENDERED BIRD INFORMATION:

Bird's Name: _____ Species: _____

Age: _____ Hatch Date (if known): _____ Sex (if known): _____

If known, how and when was the sex verified? _____

When did you acquire your bird? _____

Where did you acquire your bird? Pet store Breeder Animal shelter Friend or family
 Bird club Private party Gift Other _____

History of Bird (Tell us what you know i.e. how many previous owners, reason for transfer to new owner) _____

Favorite phrases/games _____

CURRENT DIET:

Describe your bird’s current daily diet. *Please be as specific as possible*, including brand names if you can. This will make the transition much easier for your bird.

Does your bird have favorite treats or foods he/she particularly likes? _____

Are there any foods he/she dislikes or has a negative reaction to? _____

Do you use vitamin supplements? Yes No

If yes, what brand and how do you give them? _____

VETERINARIAN INFORMATION:

Please obtain complete veterinary records and attach to this form.

Do you currently have an avian veterinarian? Yes No If yes, please provide contact information.

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

How often did you take your bird to the vet? _____

When was your bird's last vet visit? _____

What was the reason for this visit? _____

Is your bird banded? Yes No If yes, what is the number? _____

Is your bird micro-chipped? Yes No If yes, what brand? _____

Is your bird DNA registered? Yes No If yes, with whom? _____

Describe your bird’s overall physical condition? _____

Has your bird ever sustained any injuries? Yes No If yes, please describe: _____

Has your bird ever had surgery? Yes No If yes, please describe and give reason(s): _____

Has your bird ever been treated for any diseases? Yes No If yes, please describe: _____

Has your bird ever taken any medications? Yes No If yes, please list and give reason(s): _____

Has your bird ever been on herbal or other alternative therapies? Yes No If yes, please describe:

Does your bird have any medical/physical condition that requires treatment and/or a specialized caging/play area?

Yes No If yes, please describe: _____

ROUTINE CARE:

Who is your bird's primary caregiver? _____

Are you donating the cage with your bird? Yes No If yes, what is the size and type? _____

What type of perches does your bird prefer? _____

Does your bird use a separate sleeping cage? Yes No If yes, please describe: _____

Describe your bird's favorite toys: _____

Describe your bird's playtime activities: _____

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

Does your bird ever have night frights? Yes No If yes, please describe: _____

Do you cover your bird's cage at night? Yes No

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

Describe your bird's play area(s): _____

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

How do you provide daily exercise and entertainment for your bird? _____

How much time does your bird spend alone? _____

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

BEHAVIORAL INFORMATION:

Is your bird destructive? Yes No If yes, please describe: _____

Is your bird hand tame? Yes No

Does your bird interact well with other birds? Yes No If no, please explain: _____

Who is your bird's favorite person? _____

Does your bird interact well with other household members? Yes No If no, please explain: _____

Does your bird like children? Yes No If no, please explain: _____

How does your bird react to strangers? _____

Does your bird have any known behavioral problems (i.e., screaming, plucking, aggression, etc.)? Yes No

If yes, please describe (*Please be as honest as possible. It will **not** affect our acceptance of your bird, but it **will** help us in understanding his/her behavior, and will enable us to provide the best placement situation*): _____

Have you ever consulted a behaviorist? Yes No If yes, please explain: _____

List any changes within your household that may have contributed to the above behavioral problems: _____

Why do you feel surrender of your bird is your only option? _____

Would assistance with education or behavior modification be a possibility as a means for you to keep your bird?

Yes No

How did you learn about St. Louis Avian Rescue? _____

Additional comments or information you think we should know? _____

VETERINARY INFORMATION RELEASE:

I hereby authorize the release of ALL medical records to representatives of St. Louis Avian Rescue (STAR) for the following bird(s).

Bird's Name and Species

I, _____, hereby donate to St. Louis Avian Rescue (STAR), the above-listed bird to be placed in this organization's adoption program. I relinquish all claims to the above listed bird. This form is complete and true to the best of my knowledge.

Donor's Signature

Print Donor's Name

Date

The above-listed bird has been accepted for St. Louis Avian Rescue by:

STAR Representative's Signature

Print Representative's Name

Date of intake

A copy of this document may be provided to the adopting party. If you wish us to withhold your name and contact information, please check box.

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