

**SOUTH JERSEY BIRD CLUB  
PET BIRD ADOPTION PROGRAM**

*Pre-Adoption Application*

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Do ALL adults in your household know that you are applying to adopt a bird?

YES \_\_\_\_\_ NO \_\_\_\_\_

Does anyone smoke inside your home? \_\_\_\_\_

Are their children residing in your home? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list their ages

Who will be primarily responsible for the bird's care? \_\_\_\_\_

Do you live in (circle one) HOUSE - APARTMENT - CONDO - DORM?

Do you RENT or OWN? How long have you lived at this address? \_\_\_\_\_

If you RENT, do you have permission from your landlord to own a pet bird? \_\_\_\_\_

Pat Baltozer, Chairwoman  
843 Whig Lane Rd.  
Glassboro, NJ 08028  
856-881-9373  
[crbpeb@verizon.net](mailto:crbpeb@verizon.net)

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Landlords's name and phone  
number \_\_\_\_\_

Are you moving in the next 6 months? YES \_\_\_\_\_ NO \_\_\_\_\_

What hours are you  
home? \_\_\_\_\_

Do you travel a great deal? YES \_\_\_\_\_ NO \_\_\_\_\_

When you are away, what arrangements will be made for the care of the  
bird?  
\_\_\_\_\_

How many pets are in your  
home? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other \_\_\_\_\_

Do you presently own birds? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list number and  
species \_\_\_\_\_

Have you previously owned birds? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state what species and reason why they are no longer in your  
care.  
\_\_\_\_\_

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Why do you want to adopt a bird? \_\_\_\_\_

\_\_\_\_\_

Species of bird(s) wishing to adopt:

\_\_\_\_\_

Why? \_\_\_\_\_

Are you willing to adopt a difficult, abused or neglected bird?

YES \_\_\_\_\_ NO \_\_\_\_\_

Where will the cage be located? \_\_\_\_\_

How important are these characteristics in a pet bird?(rate on a scale of 1 to 5 with 1 being not particularly important and 5 being very important):

Color \_\_\_\_\_ Size \_\_\_\_\_ Intelligence \_\_\_\_\_ Price/Value \_\_\_\_\_ Companionship \_\_\_\_\_

Cuddliness \_\_\_\_\_ Ease of

Care \_\_\_\_\_ Talking \_\_\_\_\_ Uniqueness \_\_\_\_\_ Personality \_\_\_\_\_

\_\_\_\_\_

Veterinarians:(List all used)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Personal References:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Are you aware that exotic birds may develop bad habits, for example destruction of clothing, furniture, drapery, or anything within reach; biting, screaming dislike of strangers or your mate and/or children; leave droppings; and that these habits can be difficult to break; that birds require a great deal of attention and maintenance; that they can be expensive to feed, maintain in good health, housed appropriately and entertained?

YES \_\_\_\_\_ NO \_\_\_\_\_

If a bird does develop a bad habit, what would you do? \_\_\_\_\_

Under what circumstances would you not want to keep the bird?

Moving \_\_\_\_\_ Divorce/Separation \_\_\_\_\_ New Baby \_\_\_\_\_ New

Job \_\_\_\_\_ Allergy \_\_\_\_\_

Does not get along with other pets \_\_\_\_\_ New Relationship \_\_\_\_\_ Serious

Illness \_\_\_\_\_ Prefers One Person Over

Another \_\_\_\_\_ Other \_\_\_\_\_

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# **SOUTH JERSEY BIRD CLUB**

## **PET BIRD ADOPTION PROGRAM**

Please give us any information about yourself that you feel is important for us to take into consideration for your approval for adoption.

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By signing of this Pre-Adoption Application, I agree to the following:

It is further understood that upon placement of a bird it is recommended that I become an active member of the South Jersey Bird Club. If distance is a factor and this is not feasible, I will seek out other bird clubs in my area.

I hereby certify that the information given by me in this application is true and complete. I understand that any falsified information that I give will terminate action on the adoption process.

I hereby authorize release/disclosure of records and/or other information concerning all of the foregoing inquires and veterinary records.

DATED \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Parrot Adoption Program  
Representative \_\_\_\_\_

APPLICATION:                      APPROVED                      DISAPPROVED

DATE: \_\_\_\_\_

\*\*\*This application must be filled out completely & sent to Pat Baltozer at the address listed above with your original signature.

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