

# Amazing Grace Bird Rescue

Rehabilitation, Evaluation & Education Est. 2002

PO Box 341

Mascoutah, IL 62258-0341

Foster Application

## Contact Information:

**Please fill in completely and legibly as any blank spaces or illegible words will result in this application being set aside or denied.**

Name \_\_\_\_\_

Name of Spouse / Significant Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you employed? \_\_\_\_\_ If not, then information of person who is employed.

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ How long have you been employed there? \_\_\_\_\_

Do you own your home or do you rent/lease the premises? \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

If renting/leasing, does Landlord know you applying to foster a bird in the residence? \_\_\_\_\_

Name of Landlord \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Landlord will be contacted for a letter of verification..

**References: ( Please list only one relative)**

1.  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you known them? \_\_\_\_\_  
E-Mail \_\_\_\_\_

2.  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you known them? \_\_\_\_\_  
E-Mail \_\_\_\_\_

3.  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ How long have you known them? \_\_\_\_\_  
E-Mail \_\_\_\_\_

Do you or anyone in this household smoke or use any nicotine products? \_\_\_\_\_

Will this person be handling or interacting with the bird? \_\_\_\_\_

In what manner? \_\_\_\_\_

Do you now or have you ever had birds in your home?  Yes  No If yes, do they still reside with you? \_\_\_\_\_

If yes, what species, how many, and where are they currently? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any children under the age of 7, reside in your household?  Yes  No

If yes, what are their ages? \_\_\_\_\_

Do you have any other pets in your home?  Yes  No

If yes, what kind and how many? \_\_\_\_\_

\_\_\_\_\_

How much time will you be able to devote to your foster bird daily? \_\_\_\_\_

How much time will the foster bird be out of the cage daily? \_\_\_\_\_

Do you agree to bathe the foster bird in the method and frequency prescribed by this rescue? \_\_\_\_\_

Do you agree to provide a balance diet approved by this rescue, knowing that it will mean the purchase of fresh fruits, vegetables, size appropriate pellets, at your own expense? \_\_\_\_\_

Do you have a preference in the size or breed of the bird(s) you are willing to foster?  Yes  No

If yes please explain \_\_\_\_\_

Do all of the members of your household know and agree to the terms of Amazing Grace Bird Rescues fostering terms?  Yes  No

Someone that may contact us in the event you are unable to care for the bird or of your death:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ How long have you known them? \_\_\_\_\_

E-Mail \_\_\_\_\_

**This signature must be the above mentioned person, not your own:**

I hereby acknowledge the responsibility of call the AMAZING GRACE BIRD RESCUE in the event of the inability to care for the bird by or death of the person in this contract, with this signature:

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Signature	Print Name
Date	

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**I agree to provide a cage approved by Amazing Grace Bird Rescue. If however a cage is provided by Amazing Grace Bird Rescue, I understand that it is my responsibility to keep the cage clean and properly maintained so as to be in a safe and (re)usable condition. And to return the cage upon request or termination of this foster agreement.**

**I understand by fostering a bird for AMAZING GRACE BIRD RESCUE, I may be asked to relinquish the foster bird at any time for any of the following reasons:**

- 1. If it is believed that the bird is not being taken care of properly.**
- 2. If the bird is declared adoptable and a qualifying home is found.**
- 3. If it is found that the bird has been put in a state of jeopardy at any time or for any reason.**

**I agree that AMAZING GRACE BIRD RESCUE may check on the welfare of my foster bird at any time as long as I am given notice.**

**I agree to treat my foster bird with consideration, compassion, love and respect.**

**I agree not to teach or not to let anyone else teach my foster bird any words or tricks that may deem him/her not adoptable.**

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I understand that if after 90 days my foster bird becomes available for adoption, I may apply to adopt the bird and upon completion of the necessary form, will be given first consideration for adoption.

I understand that until the signing of the adoption contract I cannot claim ownership of this bird and therefore under penalty of prosecution will not the remove the bird from the premises without the permission of the Amazing Grace Bird Rescue.

I hereby release Amazing Grace Bird Rescue and any of its appointed agents and all respective employees and employers from any liability related to any damages, injury claims and expenses of any nature arising from the bird(s) placed in my possession by Amazing Grace Bird Rescue.

By signing this application, I agree to the aforementioned terms:

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

\_\_\_\_\_  
*Print Applicant's Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Amazing Grace Representative Signature*

\_\_\_\_\_  
*Print Amazing Grace Representative Name*

\_\_\_\_\_  
*Date*

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**For office use only:**

Name of Bird \_\_\_\_\_

Age of Bird \_\_\_\_\_

Species \_\_\_\_\_  
Unknown

Sex:  Male  Female

If unknown at this time, why? \_\_\_\_\_

Is this bird Micro Chipped \_\_\_\_\_ Micro Chip Number \_\_\_\_\_

Company or Micro Chip Brand \_\_\_\_\_

Date Foster Began \_\_\_\_\_ Date Foster was returned \_\_\_\_\_

Any additional or pertinent information: \_\_\_\_\_

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Name of Bird \_\_\_\_\_ Age of Bird \_\_\_\_\_

Species \_\_\_\_\_ Sex:  Male  Female   
Unknown

If unknown at this time, why? \_\_\_\_\_

Is this bird Micro Chipped? \_\_\_\_\_ Micro Chip Number \_\_\_\_\_



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