

Amazing Grace Bird Rescue

Rehabilitation, Evaluation & Education est. 2002
PO Box 341
Mascoutah, IL 62258-0341

Foster With Intent To
Adopt Application

Contact Information:

Please fill in completely and legibly as any blank spaces or illegible words will result in this application being denied. Applications may take up to a month to verify information and for processing.

Your 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 adopt a bird to bring into the residence? _____

Name of Landlord _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Landlord will be contacted for a letter of verification by the rescue.

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

Do any people who reside in your home smoke or use nicotine products? _____

Do you now or have you ever had birds in your home? Yes No

If yes, do they still reside with you? _____ How long have you had the bird? _____

What species? _____

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 Bird Dog Cat
 Other

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 balanced diet approved by this rescue knowing that it will mean the purchase of fresh fruits, vegetables, size appropriate pellets, at your own cost? _____

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 calling 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:

Signature
Date

Print Name

I understand that my fostering this bird for AMAZING GRACE BIRD RESCUE is on a 90 day trial basis. I will be expected to take care of any and all of the needs of my foster bird, which includes but is not limited to: a cage approved by Amazing Grace Bird Rescue, also toys, food, equipment, ect. veterinary care and/ or medicines prescribed by Dr. David Kersting or any of his associates at "Bird Medicine and Surgery 132 Four Seasons Shopping Center Chesterfield, Mo 63017. Unless it is an emergency Amazing Grace Bird Rescue must be notified and authorize vet visit without reimbursement to myself

I may be asked to relinquish my foster bird during the 90 days trial basis if:

- 1) I have found the situation unacceptable for myself, my household, or in the best interest of the bird.
- 2) It is believed that the bird is not being taken care of properly
- 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 nor to allow anyone else to teach my foster bird any words or tricks that may deem him/her unadoptable.

I understand that if after 90 days all conditions have been found acceptable to complete adoption, I will then have to sign the legal and binding adoption contract for this bird.

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 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.

Signature
Date

Print Name

Signature of AGBR Representative Print Name of AGBR Representative Date

For office use only:

Name of Bird _____ Age of Bird _____

Parrot Species _____ Sex: Male Female
 Unknown

By what method was bird sexed? DNA or Surgically If surgically sexed under which wing is tattoo?

If unknown at this time, why? _____

Is this bird Micro Chipped? _____ Micro Chip Number _____

Company or Micro Chip Brand _____

Has the bird been to a vet during the time at the rescue? yes no Date seen by vet

Name of vet _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

Date of Adopters Vet Visit _____ Date Foster Began _____

Has adopter paid cost of any previous visits directly to: Bird Medicine & Surgery?

What amount paid: \$ _____ If not, why?

Any other monetary amount paid for this bird: \$ _____ Why additional fee?

Any additional or pertinent information:

