



BIRD ADOPTION SURVEY

PLEASE CIRCLE ALL THAT APPLY

DATE _____ LAST NAME _____ FIRST NAME _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____ E-MAIL _____

What type(s) of birds(s) are you interested in adopting?					
I share my house with:	Children	Cat(s)	Dog(s)	Other:	
I have owned a bird before:	Never	Long time ago	Past 5 years	Currently	
The noise level in my home is:	Loud and chaotic	Moderately busy	Quiet most of the time		
The bird's cage will be located in the:	Bedroom	Living room	Basement	Other:	
I plan on cleaning my bird's cage:	Daily	Bi-weekly	Weekly		
I plan to handle my bird:	Daily	Weekly	Rarely	Never	
I am willing to train my bird:	Not at all	Some	A lot		
I expect to spend \$ _____ /year in caring for my bird					
Please tell us about your living situation:					
I live in a:	House	Condo	Are you a homeowner?	Yes	No
	Mobile Home	Apartment			
If renting, please provide the following information:	LL's Name:		LL's phone number:		
If you have pets/ or have in the past 5 years, please list your Veterinarians name and location:					

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Counselor's Notes:

Landlord check done: _____

Vet check done: _____

Chameleon check done: _____

Discussion:

Gave handout		Children/ages		Pets for Children	
Other Pets		Messiness		Nutrition	
Noise		Vet Care		Training	
Biting		Cage Cleaning		Clipping	
Toys		Time		Life Span	
Cost		Chewing		Sensitivity to chem.	
Draftiness/Temp					