



ADOPTION APPLICATION

You must COMPLETELY fill out this application IN DETAIL to be considered as an adoptive "parront."

ABOUT YOURSELF			
Your Full Name:	Age:	<i>(you must be 25 years or older)</i>	
Spouse's Full Name:	Age:	<i>(you must be 25 years or older)</i>	
Children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Age(s):
Total household size:			
Your occupation:			
Spouse's occupation:			
Street Address1:		Email address:	
Street Address2:		Home Phone:	
City:		Cell Phone:	
State:	Zip:	Work Phone:	
ABOUT YOUR HOME			
Please check which applies to you:			
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Condo	
If you rent, does your landlord or homeowner's association allow pets?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will be the primary care giver?			
How many hours a day is someone home?		Weekdays?	Weekends?
How many hours a day do you plan on spending undivided attention with your companion bird?			
Does anyone in your home have allergies or asthma?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the rest of your household aware and in favor of adopting a parrot?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:			
WHAT KIND OF PARROT?			
What species of parrot do you want to adopt?			
Why?			
What kind of traits are you looking for in a parrot?			
Are you willing to adopt a handicapped or non-perfect parrot? <small>(The fact is that many of our sanctuary parrots come with baggage and need extra love and patience.)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:			

PARROT EXPERIENCE		
Does the primary care giver have experience with parrots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please explain experience in DETAIL:		
Do you presently have other birds living in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list what kind and how many you have:		
Have you had a bird in the past, but no longer have?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify why you no longer have the bird (i.e., bird died from old-age, disease, accident; bird was given up because of behavior issues, owner financial hardship).		
Who can care for your parrot in the event you go on vacation or need to leave for a family emergency? (It is very important for this person to form a relationship with your parrot so that it is comfortable during your absence.)		
What is their parrot experience?		
Are you aware that exotic birds require a great deal of care, are time consuming, and their proper maintenance may be expensive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to commit to continuous parrot education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have other animals living in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list type and how many:		
Are you willing to purchase a pre-approved, appropriate-sized cage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where do you plan to place the bird's cage?		
PARROT BEHAVIOR		
Are you aware that the parrot you adopt could develop habits such as screaming, biting or plucking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What would you do if your bird developed any undesirable habits? Please explain:		
Under what conditions would you consider giving up your companion bird? Please explain:		
It is not uncommon that a bird will bond with only one member of your home, and show aggression to other members of your home. Would this pose a problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How would you handle this situation? Be specific:		

HEALTH & DANGERS		
Is your home smoke free?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, will you designate a smoking area outside and enforce the rule even with yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use non-stick cookware?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use non-stick electric appliances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to the above, are you willing to completely clear your home of these items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to rid your home of ALL toxic products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to rid your home of ALL other dangers to the bird?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan on breeding your bird?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan on maintaining clipped wings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an avian vet that you regularly use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMENTS		
CERTIFICATIONS		
Please confirm that you have completely read the Guidelines and Requirements for adopting from The Lily Sanctuary on our website prior to submitting this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please confirm that you understand our initial response to this application will come via email. If this is an issue, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please confirm you understand that by completing this application there is no guarantee you will be able to adopt a bird from The Lily Sanctuary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I do hereby certify that the above information is true and correct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please return application to: The Lily Sanctuary, P.O. Box 9294, Fountain Valley, CA 92728-9294
 Email to: lilysanctuaryadotIONS@gmail.com Fax to: 714-531-3189 Questions: 714-442-9474