I wish to give my bird(s) to For The Love of Birds, EIN 47-3317753, P.O. Box 717 Hightstown, NJ 08520, telephone number 609-308-2531 with the following requests:

That upon my death or medical impairment, For The Love of Birds, will take possession of and care for all my birds and search for good homes for them. Until a loving home(s) is found for my bird(s), the bird(s) will be placed in a foster home and will remain there until a suitable home is found.

Each bird should receive appropriate veterinary care, as needed, a healthy species suitable diet, an enriching environment and toys, time out of the cage, and love and attention. My bird will be treated as a unique individual and nurtured based on his personality and likes/abilities.

When For The Love of Birds accepts my bird(s) into their care, I give the sum of $___________ to For The Love of Birds to be used for medical exams, disease testing, food and toys for my bird(s). If any funds remain after my bird has been adopted or passed on, please donate the balance to the general fund of the rescue.

Bird(s) Name:

Species:

Age Band/Microchip:

Current Avian Veterinarian:

Identifying Information/Markings/Etc
I trust that For The Love of Birds will provide a loving and happy home for my bird when I no
longer can. I also request that my bird should be taken for his/her annual medical exam, and
that the instructions for the care of my bird be followed as stated in my "How to care for my
bird notes".

I hereby transfer ownership in the state of New Jersey to For The Love of Birds, for my above-
mentioned birds, upon my death or medical/physical impairment. I am signing this of my own
free will, under no duress of any kind. I attest that I am the legal owner of said bird(s), and I
swear that no other party can claim ownership to said bird(s). Furthermore, I also state that the
bird(s) was captive bred/ domestic bred or they were in captivity prior to December 10, 1991
and obtained legally. By signing this document, I have read and understand the foregoing and
agree that all parts and portions constitute a legal and binding contract. I also further state that
all statements made by me are true to the best of my knowledge.

Owner’s Signature: _______________________________ Signed Date: _________________

Witness Signature: ________________________________ Witness Date: _______________
HOW TO CARE FOR MY BIRD:

Describe your bird’s overall physical condition:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Has your bird ever sustained any injuries? _____ Yes _____ No If yes, please describe
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Does your bird have any physical deformities? _____ Yes _____ No If yes, please describe
______________________________________________________________________________

Has your bird ever had any surgeries? _____ Yes _____ No If yes, please describe and give reason(s)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Has your bird ever been treated for any diseases? _____ Yes _____ No If yes, please describe
______________________________________________________________________________

Has your bird ever taken any medications? _____ Yes _____ No If yes, please list and give reason(s)
______________________________________________________________________________
Does your bird have any medical/physical condition that requires treatment and/or a specialized caging/play area?

_____ Yes _____ No  If yes, please describe
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

CURRENT DIET

Describe your bird’s current daily diet; include feeding times.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List the foods your bird currently eats, including specific food names and brands:

Pellets ______________________________________________________________

Veggies ______________________________________________________________

Nuts _________________________________________________________________

Fruits ________________________________________________________________

Grains/ Pasta _________________________________________________________

Sprouts ______________________________________________________________

Seed Mix ______________________________________________________________

Treats ________________________________________________________________
Do you use vitamin supplements? ____ Yes ___ No  If yes, how do you give them?
______________________________________________________________________________

ROUTINE CARE

Describe your bird's cage, including size, brand, and model (if known). Please attach a photo of the cage in its location in your home.
______________________________________________________________________________
______________________________________________________________________________
Will you be surrendering the cage and supplies? _____ Yes ____ No

Does your bird use a separate sleeping cage? _____ Yes ____ No

Do you cover your bird’s cage at night? _____ Yes _____ No

Describe your bird’s favorite toys _________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How many hours a day is your bird used to being out of his cage?
______________________________________________________________________________

Describe your bird’s bathing habits, including frequency, likes, and dislikes
______________________________________________________________________________
______________________________________________________________________________

Do you leave the radio, TV, or other audio/video on for your bird during the day? _____ Yes _____ No

BEHAVIOR

Is your bird hand tame? _____ Yes _____ No
Describe your bird’s playtime activities
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Is your bird flighted and how confident a flyer is he?
______________________________________________________________________________

Does your bird get along with other birds? _____ Yes _____ No
Explain _______________________________________________________________________
______________________________________________________________________________

Does your bird get along with other family pets such as dog and cats? _____ Yes _____ No
Explain _______________________________________________________________________

Would your bird do well in a family with young children? _____ Yes _____ No
Explain _______________________________________________________________________

Would your bird do well in a family with a hectic and loud environment?
 _____ Yes _____ No

Has your bird exhibited a preference to men or women? ____ Men _____ Women
Explain _______________________________________________________________________

Does your bird ever have night frights? _____ Yes _____ No

Does your bird bite? ______ Yes ________ No, If yes, under what conditions?
______________________________________________________________________________
______________________________________________________________________________
Is your bird destructive? _____ Yes _____ No,

Please Explain_______________________________________________________________

____________________________________________________________________________

Does your bird show signs of aggression? _____ Yes _________ No, If yes, please explain

____________________________________________________________________________

____________________________________________________________________________

Does your bird pluck? _____ Yes ________ No

Does your bird mutilate? _____ Yes _______ No

Is there any additional information that you would like us to know?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________