



Bird Matchmaking Form

TIME: _____

Not all birds may be suited to all situations; not all adopters may be suited for all birds. We aim to make the best match possible when helping you to find a new best friend. The questions we ask help us to do so. Please provide as much pertinent information to your counsellor so we can find the pet most appropriate for you and your family.

You will be required to show current photo identification bearing your current address. We reserve the right to deny adoptions. Giving false information will result in forfeiture of any monies paid and adoption will be cancelled.

A# _____	P# _____	QPO <input type="checkbox"/> Staff/Volunteer <input type="checkbox"/>
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QPO-check must include the names of all adults in the home as well as address and phone number.

First Name _____	Last Name _____
Address _____ City _____ Prov _____ P. Code _____ (Include suite number; if rural, list <i>both</i> physical & mailing address)	
Home Phone _____	Business _____ Cellular _____

Full names of all adults who share your residence _____

Number & ages of all children under 18 yrs _____

Are you 18 years of age or older? Yes No Are you wanting to adopt a Baby Adolescent Senior

Why do you want to adopt? Family Pet For Children Gift For _____ Other _____

Do you or does anyone you live with suffer allergies to pets or asthma? Yes No Are they here today? Yes No

Do you live in a House Apartment Condo Mobile Home Other _____
Do you Own Rent Live With Parents Other _____

Are you a first time bird adopter? Yes No Who will be responsible for the bird & its training? _____

Birds require AT LEAST 2 hours outside their cage DAILY. Are you prepared to do this? Yes No

Birds can live to be 15 years old+. Have you considered how a bird will affect your future?
(Travel, education, work, current and future children, etc.) Yes No, you would like to discuss this with a counsellor

Where will your bird be housed? _____

How many animals do you currently live with? Dogs _____ Cats _____ Other, list _____

How many pets have you had in the last 5 years? Dogs _____ Cats _____ Other, list _____

Are your pets at home are spayed/neutered? Yes No, explain _____

Are your pets up to date on vaccines? Yes No Unsure

Do you have a veterinary clinic? Yes, please list _____ No-you would like to discuss with a counsellor

Have you had a bird die from unknown causes in the last 6 months? No Yes, explain _____

Birds do not require vaccines but do require yearly checkups. Are you prepared to do this? Yes No

Bird care can be more expensive than you think- have you looked into veterinary fees for birds? Yes No

Please circle all areas you would like to discuss with an adoption counsellor;

Introducing your bird to other household pets	Diet/Nutrition	Toys/Enrichment
Children & Birds	Nail Trimming	Proper Socialization
		Other _____

Today's Date _____ Counsellor _____

Office Use Only

Approved _____ Date Approved _____ Supervisor _____

Conditions of Approval _____ *Conditions of approval must be entered into the person file.*