



**Surrender
Contract**

Band Number: _____

P O Box 22 Cleveland Ga 30528
Phone: 732-833-7825 • E-mail : WOH@wingsofhope-nj.com
Web site: www.wingsofhope-nj.com

Thank you for taking the time to complete this Surrender Form in its entirety. The information provided will help us understand your birds' needs. Please do not hesitate to call with questions or assistance in completing this form.

Contact Information

Bird's Name _____ Species _____
Owner's Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____
Fax _____ E-mail _____

I hereby authorize the release of medical records pertaining to the above listed bird(s) to representatives of Wings of Hope.

I _____, hereby donate to Wings of Hope-NJ Inc., the above listed bird to be placed in the WOH adoption program. I relinquish all rights and claims to the above mentioned animal. I attest that I am the legal owner of said animal, that I have the right to place it, and I am signing this agreement of my own free will and not under duress of any kind. I state that no other person has any legal or financial claim to said animal. I also state that the bird has no know diseases. 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.

Donor's Signature

Print Donor's Name

Date

The above-mentioned bird(s) has been accepted on behalf of WOH by:

WOH Representative's Signature

Print WOH Representative's Name

Date

A copy of this document will be provided to the adopting party. If you wish WOH to withhold your name and contact information, please check here.

Bird Information

Bird's Name _____ Species _____

Age _____ Sex (if known) M F

When did you acquire your bird? _____

Where did you acquire your bird? Pet store Breeder Animal shelter Bird club Private party
 Friend or family Gift Other _____

Please provide contact information for your bird's breeder, pet shop, or previous owner:

Contact Name _____ Store/Business _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Veterinary Information

Do you currently have an avian veterinarian? Yes No If yes, please provide contact information:

Avian Vet's Name _____ Clinic Name _____

Clinic Address _____

City _____ State _____ Zip Code _____

Clinic Phone _____ Clinic Fax _____

How often do you take your bird to the vet? _____ When was your bird's last vet visit? _____

What was the reason for this visit? _____

Is your bird banded? Yes No If yes, what is the band number(s)? _____

Is your bird micro-chipped? Yes No If yes, what brand? _____

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 _____

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

Seeds _____ Pellets _____

Nuts _____ Treats _____

Cooked Foods _____

Fruits and Vegetables _____

Table Foods _____

Junk Foods _____

Favorite Foods _____

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) _____

Will you be surrendering the cage and supplies? Yes No

How often do you clean the cage? _____

Does your bird use a separate sleeping cage? Yes No

Describe your bird's favorite toys _____

Describe your bird's playtime activities _____

Describe your bird's sleeping habits, including bedtime, wake-up time, nap times, and hours of sleep each day _____

Does your bird ever have night frights? Yes No Do you cover your bird's cage? Yes No

Describe your bird's bathing habits, including frequency, likes, and dislikes _____

Describe your bird's play area(s) _____

Is your bird destructive? Yes No Please explain _____

How many hours a day does your bird spend outside the cage? _____

How many hours a day does your bird spend home alone? _____

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

Are there any other birds or pets in your home? Yes No If yes, please list _____

Behavior

Is your bird hand tame? Yes No Please explain _____

Does your bird bite? Yes No

Does your bird show signs of aggression? Yes No

Does your bird pluck? Yes No

Does your bird mutilate? Yes No

Does your bird like children? Yes No

Does your bird interact with other birds? Yes No

Why are you considering placement of your bird with WOH? _____

Would assistance with education or behavior modification be a possibility as a means for you to keep your bird? Yes No

How did you learn about WOH? _____

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

Wings of Hope is dedicated to making sure we do what is best for your pet. We will always take into consideration any special comments left by an owner who releases a pet into our care. We know and understand that placing a pet is never an easy task and we try to make this an easy transition for everyone.

You may return this form to Wings of Hope via fax at 706-219-3573 or you may mail it to us at WOH PO Box 22 Cleveland, Ga 30528.