

# Wings Of Hope New Jersey

## "Screened with Love" Acquisition Form

Please take the time to fill out this form in its entirety. The information provided will help us understand your pet's needs, and will best allow us to refer applicants to you. Please do not hesitate to call with questions or if you need assistance in completing this form.

### Owner Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize the release of ALL medical records pertaining to:

\*Name: \_\_\_\_\_ \*Species: \_\_\_\_\_ to the representative of WOH-NJ.

Instructions: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, do hereby enlist the help of Wings of Hope-NJ Inc., in finding my animal a "forever home". I understand WOH will refer pre-approved qualified applicants to me. I will use my own discretion, and will not hold Wings of Hope-NJ responsible for any applicant I may choose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

The above mentioned animal has been accepted into the Screened with Love program by WOH-NJ:

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_

### Animal Information

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

How and when was the animal sexed? \_\_\_\_\_

Where did you acquire your pet? (please circle one)

Pet store    Breeder    Animal Shelter    Private Party    Friend/Family    Gift

Other (please specify) \_\_\_\_\_

When did you acquire your pet? \_\_\_\_\_

Name of party or place you acquired your pet from: \_\_\_\_\_

Is your animal good with? (please circle) Other birds    Children    Cat    Dogs

Why are you placing this animal for adoption? \_\_\_\_\_

How many homes has this animal had and why? \_\_\_\_\_

Are there any other birds or animals in the home? \_\_\_\_\_

Does the animal have any specific requirements? \_\_\_\_\_

Does the animal prefer or dislike men or women? \_\_\_\_\_

Does the animal like children? \_\_\_\_\_

Does the animal bite? \_\_\_\_\_

Does the animal scream? \_\_\_\_\_

Is your animal hand tame? \_\_\_\_\_

Is your animal aggressive? \_\_\_\_\_

Is your animal a plucker? \_\_\_\_\_

Does your bird have any physical deformities and/or handicaps? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

### Veterinary Information

**PLEASE OBTAIN ANY AND ALL VET RECORDS AND ATTACH TO THIS FORM.**

Do you currently have a vet for your pet? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please provide the following):

Name: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

When was your pet's last visit? \_\_\_\_\_

Is your pet? (please circle)

Banded    micro-chipped    tattooed    DNA registered

If so, with whom and what brand: \_\_\_\_\_

Please describe your pet's overall condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your pet ever sustained any injuries? : Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please describe) \_\_\_\_\_

Has your pet ever had any surgeries? : Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please describe and give reason) \_\_\_\_\_

Has your pet ever been treated for any diseases or parasites? \_\_\_\_\_

Has your pet ever been on any medications? : \_\_\_\_\_

Does your pet have any medical/physical condition that requires treatment and/or special caging/play area? : \_\_\_\_\_

### Current Diet

Please describe your pet's daily diet: \_\_\_\_\_

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

Pellets: \_\_\_\_\_

Treats: \_\_\_\_\_

Nuts: \_\_\_\_\_

Cooked foods: \_\_\_\_\_

Fruits & Veggies: \_\_\_\_\_

Junk foods: \_\_\_\_\_

Table food: \_\_\_\_\_

Pre-packaged all in one diets: \_\_\_\_\_

Favorite foods/treats: \_\_\_\_\_

Please list any special remarks you would like to share with WOH-NJ about your pets housing, diet, care, etc.:

What equipment are you willing to place your animals with? (cage, playgym, toys)

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What range of adoption fees are you looking for? \_\_\_\_\_

Please note: many times it is impossible to obtain the complete amount of money invested in your animal back. It is a good idea to request a small, reasonable adoption fee. If you don't want any money for your animal, you can always donate the money to Wings of Hope.

Donations of that kind are always appreciated.

Wings Of Hope New Jersey is dedicated to making sure we do what is best for the animal. We will always take into consideration any special comments left by an owner who entrusts their animal to us, by using our Screened with Love program.

We know and understand that placing a pet into someone else's care is never an easy task and we try to make this an easy transition for everyone.

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PLEASE REMEMBER Wings Of Hope New Jersey is solely run by its founders, members, and volunteers and we rely strictly on membership dues, adoption fees, and donations for funds.

**Won't you please consider making a small donation?**

Thank you for thinking of us when you decide to donate.

You may return this form to Wings of Hope via fax at (910) 353-4139 or you may mail it to us at PO Box 12034, Jacksonville, NC 28546.

Shortly after receipt either Jannet or Leesa will call you to discuss our programs with you.

For more information you may visit us online at [www.wingsofhope-nj.com](http://www.wingsofhope-nj.com)

Thank you for choosing Wings of Hope New Jersey.

\*PO Box 12034, Jacksonville, NC 28546 \* (732) 833-QUAK(7825) \*

\*Fax number (910) 353-4139 \* Website: [www.wingsofhope-nj.com](http://www.wingsofhope-nj.com) \*