



Wings of Hope

Rescue and Sanctuary

A 501 (c) (3) Non-Profit Organization
Founders of Wings of Hope are Theresa Jenkins
and Jannet King

"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 _____

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

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)

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.

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 for thinking of us when you decide to donate.you

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

Shortly after receipt a representative of WOH will call you to discuss our programs with you.

For more information you may visit us online at www.wingsofhope-nj.com

Thank you for choosing Wings of Hope New Jersey.

* PO Box 22 Cleveland, Ga 30528 * (732) 833-
QUAK (7825) *
* www.wingsofhope-nj.com *