## Wings of Hope Application for Adoption

There is a \$10 non-refundable application-processing fee that must be submitted with the application. The check or money order should be payable to: Wings of Hope. This fee must be received before we can begin to process your application. All applications without fees after a reasonable time frame will be dead-filed.

Please note that there is up to a 21 day waiting period for the processing of applications. You will be notified via email and/or mail when the process is complete.

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Name: Age:
Address:
Day Phone: Evening Phone:
Best time to call and at what number
Email:
Co-Applicant:
Is this person aware of the tentative adoption?
Type of Species you are interested in:
What age range would you consider adopting?
What sex would you prefer: M / F Does it matter?
Will you accept a bird with behavioral problems?
Will you accept a handicapped bird?
Is the pet for (circle): Adult Child
Do you have children?
Do you (circle): Own Rent Other (please explain)

Where will the pet be kept?

<sup>\*</sup> Please note if you rent, please enclose a copy of your lease stating you are allowed pets.

Who will primarily be responsible for the care of this pet? How many hours a day will the animal be left alone? Will this be your first bird? If you have had a pet die because of accident, please explain: Under what circumstances would you not want to keep this bird? (Circle all that apply) Moving Job status change Allergy New relationship Divorce/Separation Behavior issues Too expensive Feather Plucking Does not 'talk' Doesn't like you Serious illness Biting or Screaming No Time Neighbor/family complaints Other (please explain below) Do we have permission to contact your vet for references? Please give the name, address, and phone number of the Veterinarian/Animal Clinic that will be caring for your pet: To locate a veterinarian specializing in avian care, please visit: WWW.AAV.ORG How did you hear about WOH-NJ? Are you aware that birds have a normal urge to chew wood, buttons, jewelry, furniture and any other things that may get in the way of their potentially destructive beaks? All parrots have the capability to talk, but not all will. Some birds will scream, loudly and continuously. They may need attention, food, or love. They may have behavioral habits that could be hard to break. Why do you feel you are qualified to adopt a bird? Would you permit inspection of your home prior to an adoption? Would you allow a post adoption visit to your home by a member? What food do you plan to feed the bird? Please provide 2 personal references and their relationship to you:

1) Phone number:

## 2) Phone number:

May we have your permission to contact them for a reference?

(Please advise them that a representative of Wings of Hope may be calling)

I understand that if I adopt a pet from WOH-NJ, at the time of adoption, I will execute and fulfill the obligations of the WOH-NJ Adoption Agreement, and remit a non-refundable adoption fee, as requested. Seniors and special needs.... donation requested.

I grant full access to all veterinary records for the pets named in this application, and understand WOH-NJ will check vet reference provided.

I agree to allow WOH-NJ to conduct a home visit as a part of the adoption and approval process.

I am enclosing the \$10 non-refundable WOH-NJ adoption application fee. I understand that payment of this fee does not guarantee this application for adoption will be approved, nor does it guarantee that I will be given a pet from WOH-NJ.

I understand the adoption application fee WILL NOT be applied toward any adoption fee.

I have read this application in its entirety, and I agree to all terms and conditions.

NOTE: Adoptions are NOT determined on a first come basis. WOH-NJ chooses the most compatible environment for each pet. WOH-NJ reserves the right to refuse adoptions to any potential applicant. Adopters must be 21 years of age.

Appl	icant S	Signature:	Date:	
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Co-Applicant Signature: Date:

Please send completed form to:

Wings of Hope, New Jersey
Rescue and Sanctuary
P.O. Box 22, Cleveland, GA 30528

Ph: (732) 833 - 7825 Fax: (706) 219-3573

Email: WOH@wingsofhope-nj.com