

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.

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)

* Please note if you rent, please enclose a copy of your lease stating you are allowed pets.

Where will the pet be kept? _____

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.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Please send completed form to:

Wings of Hope-NJ
PO Box 12034
Jacksonville, NC 28546
OR

It may be faxed to us at (910) 353-4139

Hotline 732-833-7825 (QUAK)

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