



# Coastal Bend Companion Bird Club & Rescue Mission

## RELINQUISHING/FOSTER CARE QUESTIONNAIRE

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

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

Please read carefully the following before returning the questionnaire.

The Coastal Bend Companion Bird Club and Rescue Mission (CBCBC&RM) is honored to assist you. The completed form needs to be returned to the Rescue mission coordinator. Once the CBCBC&RM receives this completed form the process of fostering or placing the bird up for adoption can begin. If for any reason the fostering service of the CBCBC&RM is no longer needed, please contact the Rescue mission coordinator so that we complete any necessary paperwork or alert any foster parent volunteer that their assistance is no longer needed. All appropriate paperwork must be completed in full before final adoption.

### QUESTIONNAIRE:

Birds name: \_\_\_\_\_ Any previous names the bird recognizes: \_\_\_\_\_

City and state where the bird is located: \_\_\_\_\_

Band or microchip number \_\_\_\_\_

Species \_\_\_\_\_ Age of bird: \_\_\_\_\_ Sex of bird: DNA \_\_\_\_\_ surgery \_\_\_\_\_

Breeders name if known: \_\_\_\_\_

Are you the first owner: YES/NO Time you have owned the bird: \_\_\_\_\_ # of previous owners: \_\_\_\_\_

Why are you placing the bird? \_\_\_\_\_

Main diet the bird eats: \_\_\_\_\_

Favorite foods or snacks: \_\_\_\_\_

Has the bird previously been in a breeding situation: \_\_\_\_\_

Does the bird scream: (circle all that apply)

*No Some Intervals All the time*

Does the bird bite: (circle all that apply)

*No Some Intervals All the time*

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If the bird bites when does it usually bite \_\_\_\_\_

Inside Cage \_\_\_\_\_ Near feed cups \_\_\_\_\_ On perch \_\_\_\_\_ while held or picked up \_\_\_\_\_

Does the bird pluck: (circle all that apply)

*No Some Intervals All the time*

Does the bird show a preference for (Circle all that apply)

*Men Women Kids*

Is the Bird handled mainly by: (circle all that apply)

*Men Women Kids*

Is the bird healthy at the time of this questionnaire: \_\_\_\_\_

Any past medical problems or diagnose diseases: \_\_\_\_\_

\_\_\_\_\_

Is the bird on any medication: \_\_\_\_\_

Birds Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Birds bedtime: \_\_\_\_\_ Is the cage covered: \_\_\_\_\_

Will the bird bathe: \_\_\_\_\_ Misting \_\_\_\_\_ shower \_\_\_\_\_

Is the bird mainly kept in the cage: \_\_\_\_\_

Any set playtime routine or out time \_\_\_\_\_

Is the bird handled: YES/NO Some \_\_\_\_\_ All the time \_\_\_\_\_

What type of lighting is the bird used to:

Inside normal light \_\_\_ Full spectrum lighting \_\_\_ Outside sunshine \_\_\_ Sunlight through a window \_\_\_

Is the bird bonded to one person and if so who \_\_\_\_\_

Birds actions towards others when with the bonded person: \_\_\_\_\_

\_\_\_\_\_

Is the bird used to other animals: \_\_\_\_\_

Does the bird get along with other birds or animals: \_\_\_\_\_

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Any other traits, likes or dislikes of the bird you think we need to know? \_\_\_\_\_

\_\_\_\_\_

Is the bird afraid of anything: \_\_\_\_\_

\_\_\_\_\_

Does the bird talk: \_\_\_\_\_

Any key phrases to the bird such as for handling or bedtime: \_\_\_\_\_

\_\_\_\_\_

Items included with this bird: Cage\_\_\_\_ Toys\_\_\_\_ stand\_\_\_\_ Food\_\_\_\_ Other \_\_\_\_\_

Briefly describe your birds daily routine: \_\_\_\_\_

\_\_\_\_\_

The Coastal Bend Companion Bird Club and Rescue Mission (CBCBC&RM) will not place a bird in a breeding situation unless the relinquishing owner specifically states that the bird may be placed in a breeding situation. If the relinquishing owner does not have a preference the board of the CBCBC&RM will decide what is in the best interest of the bird while it is in foster care. If you desire your bird to be placed in a breeding situation please give a description as to why: \_\_\_\_\_

\_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

Thank you for your honesty in filling out this form as this will assist with the proper placement or fostering of the bird.

If you would like to provide a donation to the Club to assist in our rescue and adoption efforts, please make a check payable to: Coastal Bend Companion Bird Club & Rescue Mission. Your gift will help greatly, is tax deductible and always, most appreciated! We will do our very best in placing your beloved pet in a loving home!!!