

The Bailey Foundation

P.O. Box 2122
Boothwyn, PA 19061
Phone: (484) 882-0101
Fax: (484) 882-0135



Application for Adoption of Companion Bird

Instructions: Please read and complete this application. When completed, please sign and return it to us at the address or fax number above. The information you provide in this application and during our interview will help us find a good match for you.

Name: _____ Spouse/Partner/Roommate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Age: (Pls. circle) 18-25 26-45 46-65 over 65 Employer _____

Occupation: _____ Yrs. Employed: ____ Hours/Week: _____

Spouse/Sig. Other Occupation: _____ Yrs. Employed: ____ Hrs/Wk: _____

Do you travel for work? Y N

Your home:

Number of Adults: ____ Do you: (pls. circle) Own Rent House Condo Apt. Mobile Home

If you rent, do you have your landlord's written permission to have a bird? Yes No

Are you willing to furnish the written permission? Yes No

Are there any community restrictions on Companion Birds where you live? _____

Are there other family members living with you? Their ages _____

Please describe what is most important to you about a Companion Bird.

Sexual preference of companion bird? M/F

Reason for sex preference: _____

Why do you want a Companion Bird? Please be specific: _____

Have you read any literature? If so, what? _____

Have you owned a Companion Bird? Y N What species? _____

Do you currently own a Companion Bird? What species and ages? _____

How long have you owned each one? _____

Are your bird's wings clipped? If not, why? _____

Do you let your birds out of their cages? How often? _____ For how long? _____

How many hours/day do you spend with them? _____

How often do you clean their cages? _____

What do you feed your birds? (Pls. circle) Pellets Seed Fruit Fresh Veggies Nuts Beans Pasta
What other foods? _____

Do you now own other pets? If yes, please list their species/breeds, ages and how long you've had them.

Who primarily takes care of all the animals? _____

Is there anything else that you would like to share with us? _____

Please list three references:

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Your Veterinarian:

Name: _____ **Address:** _____ **Phone:** _____

Home Visit: By signing below, you have agreed to allow us to visit your home by appointment as part of our application process.

Application Information: All the information I/we have provided is true and correct. At such time as any of the information may change, I/we will advise you promptly.

Date: _____

Signature of Applicant(s)

Authorized Bailey Foundation Representative