



# Adoption Application

Central Ohio Friends of a Feather  
2356 Troy Rd, Delaware, Oh 43015  
614-207-8326 Fax 740-369-1210

Bird care is a serious responsibility. COFOAF' policy is to insure that each person adopting a bird can provide suitable housing, is morally and financially capable of providing for the bird, and is educated in proper care and nutrition for the bird. You must be at least 18 years of age to adopt a bird from COFOAF. This application is designed to provide COFOAF with necessary information to begin an adoption placement. Please answer all questions and return to the above address. A representative of COFOAF will contact you and a home visit may be scheduled. If any questions are left unanswered, your application will not be processed.

Particular bird you are interested in \_\_\_\_\_

## Household Information

Your Name \_\_\_\_\_ Partner's Name \_\_\_\_\_

Your Age:  18-25  26-45  46-65  66+ Partner's Age:  18-25  26-45  46-65  66+

Do you have children living (full- or part-time) in your home?  Yes  No If yes, please list names and ages below:

Name	Age	Name	Age
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Your E-mail \_\_\_\_\_ Partner's E-mail \_\_\_\_\_

Your Employer \_\_\_\_\_ Your Occupation \_\_\_\_\_

Years Employed There \_\_\_\_\_ Your Work Hours \_\_\_\_\_

Your Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Work Phone \_\_\_\_\_ Your Work Fax \_\_\_\_\_

Partner's Employer \_\_\_\_\_ Partner's Occupation \_\_\_\_\_

Years Employed There \_\_\_\_\_ Partner's Work Hours \_\_\_\_\_

Partner's Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Partner's Work Phone \_\_\_\_\_ Partner's Work Fax \_\_\_\_\_

Who will be the primary caregiver(s) for this bird? \_\_\_\_\_

Are all parties in the household aware that this adoption application is being made?  Yes  No

What type is your residence?  House  Condominium  Apartment  Other \_\_\_\_\_

Do you rent or own your home?  Rent  Own If renting, does your landlord allow pets?  Yes  No

Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does anyone in your household have a health condition(s) that could restrict his/her ability to handle/care for a bird?  Yes  No

If yes, please describe \_\_\_\_\_

Does anyone in your home have allergies?  Yes  No If yes, please list \_\_\_\_\_

Does anyone in your home smoke?  Yes  No

Do you currently have other birds living in your home?  Yes  No If yes, please list species and how many:

Species	How Many?	Species	How Many?
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

Have you previously owned birds that you no longer own?  Yes  No

If yes, why do you no longer have these birds? What happened to them? \_\_\_\_\_

Do you currently have any other pets living in your home?  Yes  No If yes, please list species and how many:

Species	How Many?	Species	How Many?
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

Describe your daily routine at home \_\_\_\_\_

Does the routine differ on weekends?  Yes  No If yes, how? \_\_\_\_\_

Do you currently have an avian veterinarian?  Yes  No If yes, please provide contact information:

Avian Vet's Name \_\_\_\_\_ Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Clinic Phone \_\_\_\_\_ Clinic Fax \_\_\_\_\_

If no, do you need a list of avian veterinarians in your area?  Yes  No

Do you need instruction and/or information regarding proper bird care and quarantine protocol?  Yes  No

### Anticipated Household Changes

Do you or your partner plan to make a significant change in employment or occupation in the future?  Yes  No

If yes, please explain \_\_\_\_\_

If you do not have children now, do you plan to do so in the future?  Yes  No

If your primary or family relationship(s) were to change significantly, would you be able to keep your commitment to a bird?

Yes  No Why or why not? \_\_\_\_\_

\_\_\_\_\_

If your living and/or financial situation were to change dramatically, would you be able to keep a bird?  Yes  No

Please describe the lifestyle changes you might anticipate over the next 5 years? 10 years? 25 years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When you travel or go on an extended vacation, who will care for your bird? \_\_\_\_\_

\_\_\_\_\_

What provisions have you made for your birds and/or other pets in the event of your illness or death? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Bird Interests & Experience

How did you learn about COFOAF? \_\_\_\_\_

What experience do you have with captive birds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What resources have you consulted on the proper care of captive birds? \_\_\_\_\_

\_\_\_\_\_

What is the most important characteristic you are looking for in a bird? \_\_\_\_\_

\_\_\_\_\_

What species of bird are you interested in adopting? \_\_\_\_\_

Why this species? \_\_\_\_\_

\_\_\_\_\_

What resources have you consulted on this particular species? \_\_\_\_\_

\_\_\_\_\_

What are some traits/needs particular to this species? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain proper care and nutrition for this species \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain proper housing for this species \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in adopting for breeding purposes?  Yes  No

List other bird species you currently breed \_\_\_\_\_

If your adopted bird developed a behavioral problem, how would you deal with the problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Please contact information for at least two people, other than relatives, who have known you well for five or more years:

Reference 1 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Reference 2 Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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**I understand this bird must remain in my home. If my circumstances change, I understand I must contact COFOAF. I will forward any changes to my address(es) and/or phone number(s) to COFOAF.**

**I also agree to a home visit prior to approval, and I understand that a COFOAF representative may make periodic visits to my home. I also understand that COFOAF may contact my references prior to approval of this application.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Print Applicant's Name*

\_\_\_\_\_  
*Date*