



Center for Avian Adoption, Rescue, and Education

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SURRENDER FORM

Thank you for taking the time to complete this Surrender Form in its entirety. The information provided will help us understand your parrots' needs. Please do not hesitate to call with questions or assistance in completing this form. If placement is the only alternative for you, contact your veterinarian for complete medical records and return with this form.

Contact Information

Parrot's Name _____ Species _____

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Fax _____ E-mail _____

I hereby authorize the release of ALL medical records pertaining to the above listed parrot(s) to representatives of C.A.A.R.E.

Instructions _____

I, _____, hereby donate to the Center for Avian Adoption, Rescue, and Adoption the above listed parrot(s) to be placed in the C.A.A.R.E. adoption program. I relinquish all claims to the above listed parrot(s) and any future progeny.

Donor's Signature Print Donor's Name Date

The above-mentioned parrot(s) has been accepted for C.A.A.R.E. by:

C.A.A.R.E. Representative's Signature Print C.A.A.R.E. Representative's Name Date

☐ A copy of this document will be provided to the adopting party. If you wish C.A.A.R.E. to withhold your name and contact information, please check here.

Parrot Information

Parrot's Name _____ Species _____

Hatch Date _____ Age _____ Sex (if known) ☐ M ☐ F

How and when was the sex verified? _____

When did you acquire your parrot? _____

Where did you acquire your parrot? ☐ Pet store ☐ Breeder ☐ Animal shelter ☐ Parrot club ☐ Private party
☐ Friend or family ☐ Gift ☐ Other _____

Please provide contact information for your parrot's breeder, pet shop, or previous owner:

Contact Name _____ Store/Business _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Veterinary Information

Please obtain complete vet records and attach to this Surrender Form.

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 _____

How often do you take your parrot to the vet? _____ When was your parrot's last vet visit? _____

What was the reason for this visit? _____

Is your parrot banded? ☐ Yes ☐ No If yes, what is the band number(s)? _____

Is your parrot micro-chipped? ☐ Yes ☐ No If yes, what brand? _____

Is your parrot DNA registered? ☐ Yes ☐ No If yes, with whom? _____

Describe your parrot's overall physical condition _____

Has your parrot ever sustained any injuries? ☐ Yes ☐ No If yes, please describe _____

Has your parrot ever had any surgeries? ☐ Yes ☐ No If yes, please describe and give reason(s) _____

Has your parrot ever been treated for any diseases? ☐ Yes ☐ No If yes, please describe _____

Has your parrot ever taken any medications? ☐ Yes ☐ No If yes, please list and give reason(s) _____

Has your parrot ever been on herbal or other alternative therapies? ☐ Yes ☐ No If yes, please describe _____

Does your parrot have any medical/physical condition that requires treatment and/or a specialized caging/play area? ☐ Yes ☐ No

If yes, please describe _____

Current Diet

Describe your parrot's current daily diet _____

List the foods your parrot currently eats, including specific food names and brands:

Seeds _____ Pellets _____

Nuts _____ Treats _____

Cooked Foods _____

Fruits and Vegetables _____

Table Foods _____

Junk Foods _____

Favorite Foods _____

Do you use vitamin supplements? ☐ Yes ☐ No If yes, how do you give them? _____

Routine Care

Who is your parrot's primary caregiver? _____

When you go on vacation, who cares for your pets? _____

Describe your parrot's cage, including size, brand, and model (if known) _____

Does the cage have a grate? ☐ Yes ☐ No How many perches does the cage have? _____

What type of perches does your parrot prefer? _____

How often do you clean the cage? _____

How do you disinfect the cage? _____

Does your parrot use a separate sleeping cage? ☐ Yes ☐ No If yes, please describe _____

Describe your parrot's favorite toys _____

Describe your parrot's playtime activities _____

Describe your parrot's sleeping habits, including bedtime, wake-up time, nap times, and hours of sleep each day _____

Does your parrot ever have night frights? ☐ Yes ☐ No Do you cover your parrot's cage? ☐ Yes ☐ No

Describe your parrot's bathing habits, including frequency, likes, and dislikes _____

Describe your parrot's play area(s) _____

Is your parrot destructive? ☐ Yes ☐ No Please explain _____

How many hours a day does your parrot spend outside the cage? _____

How many hours a day does your parrot spend home alone? _____

Do you leave the radio, TV, or other audio/video on for your parrot? ☐ Yes ☐ No If yes, please describe _____

Are there any other parrots or pets in your home? ☐ Yes ☐ No If yes, please list _____

Behavior

Is your parrot hand tame? ☐ Yes ☐ No Please explain _____

List other members in your household and describe how they interact with the parrot _____

Who is your parrot's favorite person? _____

Does your parrot like children? ☐ Yes ☐ No Please explain _____

Does your parrot like visitors in the home? ☐ Yes ☐ No Please explain _____

Does your parrot interact with other parrots? ☐ Yes ☐ No If yes, please describe _____

Does your parrot have any known behavioral problems (e.g., screaming, plucking, chewing, biting, etc)? ☐ Yes ☐ No

If yes, please describe _____

Has your parrot ever seen a behaviorist? ☐ Yes ☐ No If yes, who, when, and what were the results? _____

List any changes within your household that may have contributed to the above behavioral problems _____

Why are you considering placement of your parrot with C.A.A.R.E.? _____

Would assistance with education or behavior modification be a possibility as a means for you to keep your parrot? ☐ Yes ☐ No

Please explain _____

How did you learn about C.A.A.R.E.? _____
