

# Beak n Wings, Inc.

An Educational Pet Bird Club & Rescue  
501(c)3 Non-Profit organization  
EIN: 77-0630832

9010-B Rosehill Rd. | Lenexa, KS 66215 | T-913-322-3398 | www.beaknwings.org

## SMALL BIRD ADOPTION APPLICATION

Bird care is a serious responsibility. Beak n Wings' 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 Beak n Wings. This application is designed to provide Beak n Wings with necessary information to begin an adoption placement. Please answer all questions and return to the above address. A representative of Beak n Wings will contact you and a home visit may be scheduled. If any questions are left unanswered, your application will not be processed.

**NOTE:** This application is for smaller birds **ONLY** (Canaries, Finch, Love Bird, Parakeets, Cockatiels, and Doves). If this form is used for any other bird, your application for adoption will **NOT** be considered.

### Contact Information

Date submitting adoption application \_\_\_\_\_

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

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

### Age Information

Your Age: 18- 26- 46- 66+

Partner's Age: 18- 26- 46- 66+

### Family Information

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 \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

### Employment

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

Years Employed \_\_\_\_\_ Your work hours \_\_\_\_\_

Work phone number \_\_\_\_\_ Work fax number \_\_\_\_\_

**All information in this application is for the exclusive use of Beak n Wings, Inc.,  
and will not be sold or given to any other organization.**

**Housing**

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 \_\_\_\_\_

**Health**

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

**Smoking**

Do you, or does anyone in your household smoke    Yes [    ] No [    ]

If yes, would you be able to provide a smoke-free environment for all foster birds? Yes [    ] No [    ]

**Animals**

Do you currently have other birds or animals living in your home? Yes [    ] No [    ] If yes, please explain

**Birds:**

Species \_\_\_\_\_ How many? \_\_\_\_\_

**Other Animals:**

Dog = # \_\_\_\_\_    Cats = # \_\_\_\_\_    Reptiles = # \_\_\_\_\_

Other = # \_\_\_\_\_

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? \_\_\_\_\_

**Veterinarian Information**

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

**Bird Interests & Experience**

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

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

Are you interested in adopting for breeding purposes? Yes [    ] No [    ]



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## Beak n Wings, Inc

Release, Waiver & Indemnity  
for  
Visitors & Volunteers

I, \_\_\_\_\_, voluntarily and knowingly sign this Release, Waiver & Indemnity ("Waiver") with the express intention of divesting Beak n Wings, Inc, a Kansas non-profit, from any liabilities and obligations as described below. I understand that any animal can inflict injuries and that the birds at Beak n Wings are birds that have been rescued or given up by their owners, are unpredictable, and may bite or scratch me for any reason or for no reason. I assume all risk associated with Beak n Wings and with viewing, handling, feeding and caring for the birds at Beak n Wings.

I hereby release and forever discharge Beak n Wings and its employees, volunteers, directors, officers, administrators, agents, and assigns (collectively, "Indemnitee") from all liability for any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of any injuries (e.g., including, but not limited to, bird bites), both to person and property, and economic and non-economic losses I may suffer, that may result from, or develop in the future as a result of my handling, viewing, holding, petting, observing or otherwise the birds at or in the possession or control of Beak n Wings, Inc. I further agree that if, despite this Waiver, I or anyone on my behalf makes a claim against Beak n Wings or any Indemnitee, I will indemnify, save and hold harmless Beak n Wings or any Indemnitee from any damages, losses and expenses including, but not limited to, legal fees, courts costs, and litigation expenses.

In exchange for granting this Waiver, I acknowledge that I will be allowed access to the birds at Beak n Wings.

I understand that the following are some, but not all, of the risks associated with being handling birds from Beak n Wings and all birds:

- Bites or scratches from the birds
- Slips, trips and falls resulting from wet or slippery floors
- Hitting head on objects such as cages, perches, cabinets, etc. or other Injuries resulting from cages, perches, cabinets, etc.
- Zoonotic illnesses (human illness contracted from animals)
- Injuries related to lifting animals, food, cages or equipment
- Damage to clothing from animals, cages, chemicals, etc.

I agree to use reasonable care at all times while I am around the birds of Beak n Wings. I agree to follow all rules established by Beak n Wings and have read, understand and agree to the Beak n Wings Rules provided to me concurrently with this Waiver.

I acknowledge and agree that I: (a) fully understand the meaning of this Waiver and recognize my right to seek the advice of an attorney before signing it; (b) have signed it freely and without any inducement or assurance of any nature; (c) intend it to be a complete unconditional release of liability to the greatest extent allowed by law; and (d) agree that, if any portion of this agreement is held to be invalid, the balance notwithstanding shall continue in full force and effect. The acceptance of this waiver shall not operate as an admission of liability on the part of anyone, nor as a waiver or bar with respect to any claim that Beak n Wings may have against the undersigned.

This release is binding on my heirs, executors, assigns and administrators. The undersigned is aware of the risks of visiting or handling the birds at Beak n Wings and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

I have read this Waiver carefully and fully understand its content, and voluntarily agree to its terms. I acknowledge that, in signing this Waiver, I am waiving certain legal rights, including the right to sue.

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This Waiver is executed on \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Guardian Signature  
(if person is under 18)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Driver's License

\_\_\_\_\_  
Beak n Wings Representative Signature

\_\_\_\_\_  
Printed Name of Beak n wings Representative

## Our MINIMUM cage requirements:

Parakeets, Cockatiels, Lovebirds, Quakers: 27"w x 24"d

Ringnecks, Conures, Pionus, Lories, Meyers, Senegals: 32"w X 23"d

African Greys, Small Cockatoos, Eclectus, Amazons, Small Macaws: 36"w x 28"d

Larger Cockatoos and smaller Macaws: 48"w x 36"d

We recommend 64"w x 32"d or 80"w x 40"d cages for the larger birds (Moluccans and Greenwing Macaws).

Make sure bar spacing is appropriate for your bird.

### For office use only

Name of bird adopted (organization bird name) \_\_\_\_\_  
**(must have a name, not type of bird)**

For office use only:  
DO NOT WRITE IN BELOW SECTION:

Applicant, please make copies of the complete application include this page when you submit your application

Approved

Declined

If declined explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved for Adoption List Birds:

Bird Name \_\_\_\_\_ Species \_\_\_\_\_ Date \_\_\_\_\_

Bird Name \_\_\_\_\_ Species \_\_\_\_\_ Date \_\_\_\_\_

Bird Name \_\_\_\_\_ Species \_\_\_\_\_ Date \_\_\_\_\_

Bird Name \_\_\_\_\_ Species \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature  
VP R/A or ED only

\_\_\_\_\_  
Print  
VP R/A or ED only

Date of Home Study \_\_\_\_\_

**NOTE:** The surveyor does NOT have the authority to approve or decline an applicant looking to foster. The decision shall be that of the Vice President of Rescue / Adoption or the Executive Director