

# Beak n Wings, Inc.

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

9010 Rosehill Rd. Ste. B | Lenexa, KS 66215 | T-913-322-3398 | F-913-322-2583 | www.beaknwing.org

**BIRD NUMBER** \_\_\_\_\_ **Office Use ONLY** \_\_\_\_\_ **SURRENDER FORM**

Thank you for taking the time to complete the Surrender Form in its entirety. The information provided will help us understand your birds' 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. (Beak n Wings, Inc. is a Kansas License Shelter for Exotic Birds)

## Contact Information:

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

## Release Information

I \_\_\_\_\_ declare that I am the current and rightful owner of

Bird Name: \_\_\_\_\_ Species: \_\_\_\_\_, **(only one bird per surrender**

**form)** I agree to relinquish ownership and all rights to the above animal (bird). As of this date \_\_\_\_\_

the described animal belongs to Beak n Wings, Inc, to do with as necessary and humane.

**Drivers License Number:** \_\_\_\_\_

## Veterinary Information

I hereby authorize the release of ALL medical records pertaining to the above listed bird to representatives of

Beak n Wings, Inc., Signature: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Instructions \_\_\_\_\_

\_\_\_\_\_  
**Donor Signature** \_\_\_\_\_ **Print Donor's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
Beak n Wings Representative Signature \_\_\_\_\_ Print Beak n Wings Representative Name \_\_\_\_\_ Date \_\_\_\_\_

**Bird Information**

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

Hatch Date \_\_\_\_\_ Age: \_\_\_\_\_ Sex M F Unknown

When did you acquire your bird? \_\_\_\_\_

**Veterinary Information**

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

How often do you take your bird to the vet? \_\_\_\_\_ When was your bird's last vet visit? \_\_\_\_\_

What was the reason you took your bird to the vet? \_\_\_\_\_

Is your bird banded? Yes No If yes, what is the band number? \_\_\_\_\_

Has your bird been sexed? Yes No If yes, please check one Surgical Feather Blood

**Has your bird:** mark all that apply

- Had surgeries If yes, please explain \_\_\_\_\_
- Injuries If yes, please explain \_\_\_\_\_
- Infection If yes, please explain \_\_\_\_\_
- Has been on or is on Medication, If yes, please explain \_\_\_\_\_
- Alternative Therapies If yes, please explain \_\_\_\_\_

**Feather Condition:** mark all that apply

- Full Feather
- Plucked If yes, please explain \_\_\_\_\_
- Over Groomer (bites off feathers, but does NOT pull them out)

**Health:** mark all that apply

Have you ever had a bird die in your home Yes No Yes, please explain \_\_\_\_\_

Have you ever had to put a bird down due to illness or injury while in your home Yes No Yes, please explain

Have you ever had a bird tested or test positive for any viruses such as Bornaviruse, Beak and Feather Yes No

Yes, please explain and what has happened to the bird. \_\_\_\_\_

Has the bird you are surrendering ever been tested for any viruses? Yes No Yes, please explain \_\_\_\_\_

**Health continue: Disclaimer**

Please understand. Beak n Wings does not take in sick birds. If for some reason the surrendering party was not truthful with Beak n Wings on this form, phone, text or email we could end up putting the bird down depending on the illness. Beak n Wings does not have the funds to treat unwanted birds due to illness.

Many viruses will transfer from bird to bird via air, waste, eating or drinking after each other, living in the same cage. Please be aware that if you have or had a sick bird, that does **not** mean every bird is sick, but Beak n Wings really needs to know if there is or was a sick bird in the home so that we do not place the bird in a foster home taking a chance of infecting even more birds. Please be honest when filling out the surrender form so that we can better protect other birds.

If you have had a sick bird at some point, this does **not** mean we will not take the bird. We prefer the bird if sick less than six ( 6 ) months have a vet send a health certificate stating the bird appears to be healthy.

**Behavior: mark all that apply**

- Cage dominate  
 Bites all the time  
 Bites everyone except - explain \_\_\_\_\_  
 Does **NOT** like men       Does **NOT** like Females       Does **NOT** like Children  
 Steps up fine  
 Won't step up on command  
 Screams all the time  
 hardly ever / rarely screams  
 Says bad words (explain) \_\_\_\_\_  
 Does **NOT** like to go into cage  
 Hand shy  
 Is this bird friendly?       Hand tame?       Aggressive?  
 Flinches when pointed at (hand, water bottle, etc) explain \_\_\_\_\_  
 Will **NOT** step up on a perch / stick  
 Likes or dislikes this bird may have: \_\_\_\_\_

**Diet: mark all that apply**

- Pellets      Type: \_\_\_\_\_  
 Pellets, Seed Mix      Type: \_\_\_\_\_  
 Fruits      Type: \_\_\_\_\_  
 Veggies      Type: \_\_\_\_\_  
 Nuts      Type: \_\_\_\_\_  
 Cooked foods      Type: \_\_\_\_\_  
 I use vitamins in the birds       Water       Food       I don't use vitamins  
 Table foods (food you would eat) If yes please list \_\_\_\_\_  
 Junk food List \_\_\_\_\_

Does your bird have a favorite food? If yes, please list \_\_\_\_\_

Other Comments: \_\_\_\_\_

Bird Name \_\_\_\_\_

**SURRENDER FORM**

**Sleeping habits:** mark all that apply

- Cover Cage
- Do NOT cover cage
- Sleeps in own room
- Sleeps and lives in Living area (family area)
- Stays up most of night
- Bed time is \_\_\_\_\_
- Naps throughout the day

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Cage / Perches / Toys:** mark all that apply

Describe your bird's cage, including size, brand and model (if known) \_\_\_\_\_

**Cage:**

I am surrender the cage with my bird    I am not surrendering the cage with my bird

**Cage is in:**

Good     Fair     Poor condition     Cage has rust on it     Cage has no rust on it

**Perches:** mark all that apply

**Toys:**

- |                                                                           |                                                   |
|---------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Has problems standing on perches                 | <input type="checkbox"/> Does play with toys      |
| <input type="checkbox"/> No problem standing on perches                   | <input type="checkbox"/> Does NOT play with toys  |
| <input type="checkbox"/> Will stand on several different sizes and shapes | <input type="checkbox"/> Real big chewer          |
|                                                                           | <input type="checkbox"/> rotate toys all the time |

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**Bathing:**

Daily     Once a month     Bathes in a bowl     Gets in shower  
 Once a week     Never, my bird does not like it     I spray     I mist

Bird Name \_\_\_\_\_

**SURRENDER FORM**

**Routine Care:**

Who is your bird's primary caregiver? \_\_\_\_\_

How often do you clean the cage? \_\_\_\_\_

Describe your bird's favorite toys \_\_\_\_\_

Describe your bird's playtime activities \_\_\_\_\_

Does your bird ever have night frights? Yes No If yes, what happens \_\_\_\_\_

Describe your bird's sleeping habits, including, wake-up, nap time and hour of sleep each day \_\_\_\_\_

Is your bird destructive? Yes No If yes, what happens \_\_\_\_\_

How many hours a day does your bird spend home alone? \_\_\_\_\_

Do you leave the radio, tv or other audio/video on for your bird? Yes No \_\_\_\_\_

Are there any other birds or animals in the house? Yes No If yes, please list \_\_\_\_\_

**Please tell us more about the bird that we might not have listed**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bird Name** \_\_\_\_\_

**SURRENDER FORM**

Has your bird ever seen a behaviorist? Yes No If yes, who, when and what were the results? \_\_\_\_\_

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

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Why are you considering placement of your bird with Beak n Wings, Inc? \_\_\_\_\_

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Would assistance with education or behavior modification be possible as a means for you to keep your bird?

Yes No

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How did you hear about Beak n Wings, Inc? \_\_\_\_\_

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**Comments:** \_\_\_\_\_

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