

**Ziggy's Haven**  
**2600 E Hayes St.**  
**Inverness, Florida 34453**  
**(352)422-1874**

**Parrot Adoption Application**

Welcome to Ziggy's Haven Bird Sanctuary's adoption program and thank you for your interest in adopting a parrot from us. Please complete this application so that we can assist you in selecting a parrot who is compatible with your personality and your lifestyle. The application is designed to be comprehensive, so we can determine if the adoption is in the parrot's best interests. We appreciate your patience in providing accurate and detailed information.

Your application will be reviewed by a committee, which will then make a decision about whether or not to proceed with the adoption. Please allow a few weeks for the decision to be made.

By successfully completing the adoption process, you will become an integral part of the Ziggy's Haven family. You will have the honor of caring for a parrot in need of a loving, nurturing environment and will be joining Ziggy's Haven Bird Sanctuary in the quest for finding optimal living environments for all captive parrots.

**To be considered as an adopter, you must:**

- Be 21 years of age or older
- Have identification showing your present address
- Have the knowledge and consent of your landlord (if applicable)
- Be able and willing to provide an indoor cage or aviary and a secure outdoor enclosure, or the experience of fresh air and sunlight on a routine basis
- Be financially stable and be committed to providing both routine maintenance and necessary medical care

Completion of this application does not guarantee adoption of a Ziggy's Haven parrot. Please print legibly and complete the entire application. Thank you!

Date \_\_\_\_\_

**Personal Information**

Your name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Partner's name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is there a particular parrot or parrots you are interested in adopting? \_\_\_\_\_

If yes: Name: \_\_\_\_\_ Species: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_

Do you have children living full or part time in your home? \_\_\_\_\_

If yes, list their names and ages. \_\_\_\_\_

\_\_\_\_\_

Your employer: \_\_\_\_\_ Years employed there: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Partner's employer: \_\_\_\_\_ Years employed there: \_\_\_\_\_

Partner's occupation: \_\_\_\_\_ Numbers of hours per week: \_\_\_\_\_

Work phone: \_\_\_\_\_

Where do you live? House \_\_\_ Apartment \_\_\_ Condo \_\_\_ Mobile Home \_\_\_ Other \_\_\_\_\_

Do you own or rent? \_\_\_\_\_

Landlords name and phone number: \_\_\_\_\_

Is everyone in your household aware that this adoption application is being made? \_\_\_\_\_

Does everyone in your household agree with the decision to have a parrot in the house? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

### **Health Considerations**

Are you aware that parrot dander can contribute to chronic obstructive pulmonary disease (COPD) and/or other respiratory diseases? Some parrot species produce more powdery dander than others but all produce some dander. Some people are allergic to parrot dander which can be very problematic if they have a parrot living in the home.

Parrots are tested for psitticosis, also known as chlamydia, a disease that can be transmitted to humans. However these tests may not always reveal whether or not the parrot has the disease.

A parrot's respiratory system is different from a human respiratory system. Cigarette smoke, air fresheners, scented candles and household chemicals can cause serious health problems for parrots.

Does anyone in the home have a health condition or allergy that could restrict his/her ability to handle and/or care for a parrot? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Does anyone in your home smoke? \_\_\_\_\_ Do you allow smoking in the home? \_\_\_\_\_

**Other Pets**

Do you have other pets/animals living in the home or on the property? \_\_\_\_\_  
If yes, list the type of animal, age and how long you've had the animal.

Type of animal (dog, cat, etc.)	Age	How long
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the general health and any special needs of these animals.  
\_\_\_\_\_  
\_\_\_\_\_

Describe the diet, housing and environmental enrichment you provide for these animals.  
\_\_\_\_\_  
\_\_\_\_\_

Have you had other animals in the past? Yes No  
If yes, what type? \_\_\_\_\_  
When did you have these animals? \_\_\_\_\_  
Why do you no longer have them? \_\_\_\_\_

Have you or your partner ever adopted a parrot or other animal from Ziggy's Haven or another humane organization or agency? Yes No  
If yes, please explain. \_\_\_\_\_

Have you or your partner ever surrendered a parrot or other animal to Ziggy's Haven or another humane organization or agency? Yes No  
If yes, please explain. \_\_\_\_\_

Do you breed or show any of your pets or other animals? Yes No  
If yes, please explain. \_\_\_\_\_  
Are you interested in adopting for breeding purposes? Yes No  
List other birds you currently breed or have bred in the past. \_\_\_\_\_

Describe the daily routine in your household. \_\_\_\_\_  
\_\_\_\_\_

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

Who cares for the animals when you are traveling, on vacation, or away from home overnight?  
\_\_\_\_\_

Who is your avian veterinarian? \_\_\_\_\_

Clinic name \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Do you need a list of avian veterinarians in your area?    Yes    No

\_\_\_\_\_  
Signature of adopter Date

\_\_\_\_\_  
Co-adopter (if applicable) Date

\_\_\_\_\_  
Agent for Ziggy's Haven Bird Sanctuary, Inc. Date

Donation Amount received \_\_\_\_\_