



**Midwest Avian
Adoption & Rescue
Services, Inc.**

**Adoption
Application**

P.O. Box 821, Stillwater, MN 55082 • Phone: 651-275-0568 • Fax: 651-275-0457
E-mail: adoption@maars.org • Web Site: www.maars.org

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

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 MAARS? _____

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 _____

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

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

Applicant's Signature

Print Applicant's Name

Date