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Incoming Bird Bio- & Owners Release Form

Date: _____ BIRD'S NAME: _____

SPECIES: _____ Breed: _____ Age: _____ Sex: _____

How Determined: _____

BAND / MICROCHIP NUMBER: _____

How did you hear about us? _____

OWNER INFORMATION, PLEASE PRINT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Cell Phone: _____ 2nd# : _____

ITEMS WITH BIRD:

OWNERSHIP RELEASE / SURRENDER

I certify I am the owner, or the custodian acting in good faith, of the bird(s) identified in this report. I

Irrevocably release ownership of this bird to N.W. Bird Rescue; No remuneration is expected.

*N.W. Bird Rescue Inc. is authorized to use their best judgment in finding the bird a new home.

Owner warrants that the bird in is good health and they have no prior knowledge of any illness or injury



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That would require veterinary care. We authorize the Veterinarian of record to release any and all

Medical information to N.W. Bird Rescue as may be requested.

I agree to these terms and conditions/ Confidentiality Notice.

Signature:

Incoming Bird Bio- Form

Parrots name: _____

ADDITIONAL INFORMATION ABOUT YOUR BIRD:

The more we know about your bird, the better chance we'll have of finding it the right home.

1. Does he/she prefer women or men?

2. Does he/she like children?

3. How does he/she react around other animals? (Dogs, cats, other birds)

4. Does he/she have strong dislikes? Y/N _____ If yes, what are they?

5. Does he/she MICIC/ Talk? Y/N _____ If yes, what does it mimic?

6. Does he/she swear? Y/N _____ If so, what does your bird mimic?



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7. Does your bird like music? Y/N _____ What type? _____ Radio Station? _____

8. Does your bird like Television? Y/N _____ If so what types of TV shows?

What Channel and favorite shows: _____

9. Does he/she have any current medical conditions? Y/N _____ If so, what:

10. Does your bird have any obvious identifying marks:

11. Does your bird have any behavioral problems? If so, what are they and when do they occur: (Details)

12. Does your bird have any physical limitations or problems?

13. Has it ever been seen by a Vet? Y/N _____ If yes, what was the purpose of the visit?

Why: _____

Where: _____

when: _____

14. Have any other birds in the household been ill or died? Y/N _____

If yes, please explain in detail:

15. Has he/she been [Polyoma virus](#) vaccinated? Y/N _____



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If Yes, When?

At what veterinary? _____

16. What kind of diet / type of foods has the bird been on?

17. What name brand feed is he currently eating now?

17. What's your bird favorite fruits/veggies and Treats?

Served warm or cold: _____

18. Does he/she have any strong food favorites or dislikes?

19. What kind of toys does your bird like? Wood, plastic, metal, cloth etc:

20. Has he/she been in a household with cigarette/ marijuana or cigar smokers? Y/N _____

21. Has he/she been outside of the home? Y/N _____ How does he/she react to outsiders?

22. Does he/she get car sick? Y/N _____

23. Does he/she like showers, baths or spray bottles Y/N _____

24. How often do you bathe your bird? _____

25. Does this bird's beak require regular trimming? Y/N _____ If yes, why? (Scissor Beak) or Injury



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26. Will he/she stay on a perch or cage top if left alone? Y/N _____
27. Is he/she an escape artist? Y/N _____ Does it need quick links or padlocks? Y/N _____
28. Will it come out of its cage on your hand? Y/N _____
29. Does it know the command "UP"? Y/N _____
30. Does he/she have an established bedtime? Y/N _____ What time? _____
31. Do you cover him /her cage at night Y/N _____
If so, What type of blanket and can you donate it) Y/N _____

What is the name brand and scent of laundry soap you wash the blanket with?

32. What size and type of cage dose he/she have? Square footage (Length X Width X Height)

Details: _____

33. Type and number of perches: _____

Location of feed, treat & water bowl placement:

34. Type and number of toys:

35. In what room was the cage located? _____

High/ Med/ or Low Traffic area? _____

On what wall was the cage located (N, S, E, W) with a view of:

36. What is the traffic/activity level of your household? High _____ Med _____ Low _____



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37. How many hours a day is the bird usually left alone?

38. How many hours a day is the bird usually out of its cage?

39. Is he/she supervised when out of its cage? Y/N _____

40. Is he/she allowed to freely roam when out of its cage? Y/N _____

41. Has he/she ever been used in breeding to the best of your knowledge? Y/N _____

42. Has he/she ever bonded with another bird? Y/N _____

If Yes, What kind? _____

43. Does he/she bite OR A LITTLE Nippy? Y/N Under what Circumstances?

44. Does he/she scream? Y/N _____ Under what circumstances?

Also, is he/she Stick trained? Y/N _____ Notes:

45. Does it pluck or over preen? Y/N _____ Do you know of any triggers for this type of behavior?

What steps have you taken to modify this behavior?

46. How do you discipline your bird?

47. Is this bird used to being toweled? Y/N _____

48. Has this bird been allowed on shoulders? Y/N _____



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49. How long have you had him/ her? _____

50. Where did you get him/her? _____

51. Has he/she had prior owners? _____

52. How long was the bird with the previous owners?

53. What do you know of the history of the previous owners or contact information?

54. Why do you need to place this bird?

55. Would you be willing to speak with the owner, if they ask to?

56. Is there anything else you would like a new owner to know about your bird?

Additional Notes write in this box: