



Bird Surrender Profile

Humane Society of Portage County
Phone:715-344-6012 / Fax:715-344-5954

***This information will help us answer questions potential adopters may have. Please take time to fill this out.

Bird's Information

Bird's Name _____

Species _____ Hatch Date _____ Age _____

Sex: Male Female How was the sex verified? _____

When did you acquire the bird? _____

Where did you acquire the bird? _____

Routine Care

Describe your bird's cage, including size, brand, and model _____

Does the cage have a grate? _____ How many perches does the cage have? _____

What type of perches does your bird prefer? _____

How often do you clean the cage? _____

How often do you disinfect the cage? _____

Does your bird use a separate sleeping cage? _____

Describe your bird's favorite toy? _____

Describe your bird's playtime activities? _____

Describe your bird's sleeping habits, including bedtime, wake-up time, nap times, total hours of sleep a day

Does your bird ever have night frights? _____

Do you cover your bird's cage? _____

Describe your bird's bathing habits, including frequency, likes and dislikes

Describe your bird's play area _____

Is your bird destructive? _____

How many hours a day does your bird spend outside the cage? _____

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

Do you leave the radio, TV, or other device on for your bird? _____

Are there any other pets in the home? _____

Veterinary Information

Please obtain a copy of your vet records and attach to this surrender form.

How often do you take your bird to the vet? _____

When was your bird's last visit? _____

What was the reason for the visit? _____

Is your Bird Banded? _____ What are the band numbers? _____

Is your bird micro-chipped? _____ What is the brand of the chip? _____

Is your bird DNA registered? _____ With whom? _____

Describe your bird's overall physical condition _____

Has your bird ever sustained any injuries? _____

Has your bird ever had any surgeries? _____

Behavior

Is your bird hand tame? _____

List other members in your household and describe how often they interact with the bird _____

Who is your bird's favorite person? _____

Does your bird like children / visitors? _____

Does your bird interact with other birds? _____

Does your bird have any known behavioral problems (screaming, plucking, chewing, biting, etc.)? _____

Has your bird ever been treated for any diseases? _____

Has your bird ever taken any medications? _____

Has your bird ever been on herbal or other alternative therapies? _____

Does your bird have any medical/physical condition that requires treatment and/or a specialized caging/play area? _____

Current Diet List the foods your bird currently eats, including specific food names and brands:

Describe your bird's current daily diet _____

Seeds _____

Pellets _____

Nuts _____

Treats _____

Cook Foods _____

Fruit _____

Vegetables _____

Table Foods _____

Junk Foods _____

Favorite Foods _____

Do you have vitamin supplements? _____