



*Many have forgotten this truth, but you must not forget it.
You remain responsible, forever, for what you have tamed.*

— Antoine de Saint - Exupery

The Gabriel Foundation® is a 501(c)(3) avicultural and veterinary affiliated parrot welfare organization licensed by the state of Colorado, promoting educational outreach, conservation, rescue, rehabilitation, adoption, and sanctuary pertaining to the needs of parrots everywhere.

**The Gabriel Foundation Aviary and Adoption Center, Attn: Director of Adoptions
39520 County Road 13, Elizabeth, CO 80107 □ Telephone: 303.629.5900 x 213 Fax: 303.646-1351
Tax ID # 84.1396085 □ www.thegabrielfoundation.org □ Email: adoptions@thegabrielfoundation.org
CONFIDENTIAL ADOPTION APPLICATION FOR PASSERINES, DOVES AND PIGEONS**

Thank you for expressing interest in adopting a bird from the Foundation. This is a serious commitment for you, your family and for the Foundation. We hope that this relationship will endure for many years into the future. When adopting a bird from the Foundation, please understand you are accepting the honor of continuing to provide for a bird truly in need of a nurturing, caring and committed environment. You become an integral part of the Foundation and its goal to provide and promote an educated awareness of living successfully with a companion parrot. Our adoption procedure is designed to be in the bird's best interest, and we appreciate your patience with this process. Our relationship with you is important to us, and we depend upon your support now, as well as in the future to improve the lives of all parrots. Your participation in ongoing data collection regarding your companion parrot(s) will be invaluable to our efforts and help us to supply much needed reference material to the pet and veterinary industry at large.

THE GABRIEL FOUNDATION ("The Foundation") is classified as a publicly-supported, tax-exempt charitable organization described in Section 501(c)(3) of the Internal Revenue Code dedicated to the rescue, rehabilitation, and health of parrots and related birds through education, research, conservation and service. Our parrots come from many sources: owners no longer able to care for their companion birds, pet stores, breeders, humane organizations and veterinarians. We arrange for the adoption of many of these companion birds that we believe will thrive in a home situation. In addition, we provide refuge for many parrots that, due to age, disability, abuse and neglect, or the need for continual medical care cannot be placed outside our facility. All birds entering our facility receive an extensive medical work-up to help determine the best possible placement for each bird and to protect the existing resident Foundation flock.

Taking care of a companion bird is a serious responsibility, no matter its species or size. The Foundation insists that each person who adopts a bird understands these responsibilities and can fulfill them. More than with most pets, it is true that not everyone who wishes to live with a companion bird is able to provide for that bird's well being. Because of this, we do not adopt birds to children. All adoption requests must be made by an adult that is 21 years of age or older. We want children to learn how to relate to all animals, but we do not encourage the sole responsibility of the care of a bird as a child's teaching tool.

The following application has been designed to aid both you and The Foundation in determining whether you and your family can provide a suitable environment for passerines, doves or pigeons in accordance with our protocol. Please answer all questions and explain any answers or add comments. If a question does not apply, please write "N/A." Please type or print clearly. You can download a copy of this form from The Foundation's website at www.thegabrielfoundation.org/application if you wish to complete the form using a word processing program.

We appreciate your interest in adopting a bird from The Gabriel Foundation, and for taking the time to complete this application. All applications will be carefully reviewed and they Adoption Coordinator will contact you shortly.

For TGF office use only:

Applicant Name _____

Date Received _____ (Initial) Date Adoption Approved _____ (Initial)

Please complete this application and return to The Gabriel Foundation Director of Adoptions. Thank you for taking the time to answer all of these very important questions.

Date: _____ Name _____ Date of Birth _____
Social Security Number (optional): _____

Spouse/Significant other/Roommate _____
Children (number and ages) _____
Address _____
City/State/Zip _____
Phone: Home: _____ Work: _____
Fax: _____ Email: _____
Occupation/Self _____
Spouse/Significant Other _____

1. How did you learn about The Gabriel Foundation?

2. Why do you want to adopt a bird?

3. Do any of the members of your household object to adopting a bird? No ___ Yes ___
If yes, please explain: _____
4. Do any household members have health or mobility issues that will limit their ability to interact with or care for a bird? YES NO
Explain: _____
5. Are you interested in giving this bird as a gift? No ___ Yes ___
If yes, please explain:

6. Who will be primarily responsible for the bird's care? _____
7. If applicable, will your children be included in the bird's care? No ___ Yes ___
If yes, how? _____
8. What is the responsible person's and/or family's schedule?
Weekdays _____
Weekday evenings _____
Weekends _____
9. Type of dwelling: House _____ Condo _____ Apartment _____ Other _____
10. Do you rent ___ own ___?
11. If you rent, do you have your landlord's consent to have a bird?
No ___ Yes _____

12. Does anyone in your household smoke? No ___ Yes ___
Where? _____
13. Do you subscribe to or read any other bird-related publications? _____
If so, which ones? Do you have a favorite reference book(s)? _____

14. What species of bird(s) are you primarily interested in and why? _____

15. What 5 characteristics of a bird are most important to you and why? _____

16. What do you think a pet bird will cost you per year?

Why? _____
17. Under what circumstances would you not want to keep the bird?
Moving ___ Divorce/separation ___ New baby ___ New job ___ Allergy ___
Does not get along with other pets ___ New relationship ___ Serious illness ___
Prefers one person over another ___ Biting or screaming behaviors ___
Bird makes too much noise ___ Cannot spend enough time with bird ___
Does not "talk" ___ Neighbors complain of noise ___
Other _____
- Describe the lifestyle changes you might anticipate over the next 5, 10 and 25 years: _____

18. What do you feed a passerine, dove or pigeon (select appropriate species)?

19. What other equipment will your adopted bird need? _____

20. In what part of your house will the bird spend the majority of its time?

21. Do you have any prior experience in keeping passerines, dove, pigeons or other
companion birds? No ___ Yes ___
If yes, and you do not have a bird at this time, please indicate us what happened to the
bird: _____

22. Do you share your home with any companion birds now? No ___ Yes ___
 If yes, using a separate sheet of paper, please list what species. Include the following information for each bird in your home:
- The year that bird came into your home;
 - Age of your bird(s) was when you got it. If you do not know the age of your bird when you got it, indicate “u” unknown;
 - Where obtained (pet store, breeder, friend, found, shelter/parrot adoption org, etc);
 - Specify “D” for domestic bred, and “WC” for wild caught.
23. Are you aware that companion birds may carry diseases such as *Chlamydoiphila* that can infect humans? Yes ___ No ___ *All birds adopted from TGF have been screened for this disease.
24. If you share your home with any companion birds, including passerines, doves and pigeons now, have your birds been checked for infectious diseases? No ___ Yes ___ When? _____
 _____ Have any of your birds ever tested positive for a communicable disease?
 No ___ Yes ___
25. If yes, which disease and how was it treated? _____

26. Were your birds retested after treatment? No ___ Yes ___ What was the outcome?

27. How often do you take your bird(s) to your veterinarian for a “well-bird” check up?

28. Is laboratory testing included in this check up? No ___ Yes ___
 If no, why not? _____

If you have other birds in your home, THE FOUNDATION’S Medical Director and staff veterinarian, H. Noel Opitz, DVM, requires the following avian medical screening, performed by a veterinarian with a special interest in avian medicine. THE FOUNDATION must ensure that adopted birds have a healthy future. All birds adopted from The Gabriel Foundation have met these medical requirements.

- A. Please provide the Foundation with a letter, medical summary or copies of bird’s veterinary records from your current or past veterinarian that all birds in home have been examined within the last fiscal year demonstrating that these birds have no signs of infectious or contagious disease and the birds have been given regular and appropriate medical care.
- B. The above information should include information that all psittacine bird(s) in the home have been tested negative for *Chlamydoiphila* (Psittacosis), indicating the date and type of test and possible exposure since testing was performed.
- C. The Foundation also requires results of the most current Complete Blood Count and fecal Gram stain or results from within the last fiscal year.
- D. If relevant, please include documentation that all “Old World” (Australia/Africa/Asia) birds in the house have been tested negative for Pbfd (Psittacine Beak and Feather Disease).
- E. The Gabriel Foundation may also require additional testing determined on an individual basis by our Medical Co-Directors and/or attending veterinarians.

We have taken great care with our avian residents at The Gabriel Foundation to provide them with comprehensive veterinary care. It is important to us that you and your birds have a good working relationship with a veterinarian who has extensive experience working with companion birds. By nature, parrots and related birds mask their illnesses. Although medical testing is not always 100% accurate, indicators of sub clinical health problems may appear in test results prior to becoming an acute or chronic disease problem in your bird. We want the future life and health of all birds to be the very best that it can be and appreciate your support of this important protocol.

THE FOUNDATION suggests that you discuss with your avian veterinarian (or a veterinarian with a special interest in avian medicine) what specialty groups he/she is currently a member of (such as the Association of Avian Veterinarians), how long he/she has been practicing avian medicine, what percentage of his/her practice is avian-related, how many birds on average per week are seen in the practice and whether he/she is board certified?

28. Do you know a veterinarian with experience in treating birds? No____ Yes____

If "yes", please list doctor's and hospital name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

May we contact him/her as a reference? No____ Yes____

29. If you do not know a veterinarian with a special interest in avian medicine, how do you plan to find one in your community?

30. What other pets are currently kept in your household?

31. Have you considered what will happen to your pets should you no longer be able to care for them? Please explain.

32. Have you considered the life span of your adopted bird and how you will plan for its needs when you are no longer physically able to do so?

33. Will you provide The Gabriel Foundation a copy of your directive upon the completion of the Permanent Adoption paperwork?

No ____ Yes ____

Please be advised that **THE GABRIEL FOUNDATION** cannot guarantee the health of any bird. When a bird comes to us, it has often had a series of owners and an undocumented history. We try to provide the most accurate and thorough medical work-ups possible, as well as any background information that we have. Please review the medical records of your to-be-adopted bird with your avian veterinarian, or schedule a consultation appointment with The Foundation's Medical Director, H. Noel Opitz, DVM at The Gabriel Foundation Aviary and Adoption Center in Elizabeth at 303-629-5900 x 218 or with one of the members of our Veterinary Support Network. Contact us for details.

It is important to read thoroughly the terms of the Probationary and the Permanent Adoption agreements. Please be aware that if you decide that you are no longer able to provide for your Foundation adopted bird, then that bird MUST be returned to the Foundation per the terms of the Probationary and Permanent Adoption agreements. You will also be asked to provide the Foundation appropriate information regarding the care of your bird in the event that you are no longer able to provide for its care and well-being. It is critical to the Foundation that your directives consider the long-term care and well being of any bird adopted through The Gabriel Foundation in accordance with the terms of the Permanent Adoption Agreement™. *I have read and agree to these adoption terms_____ (initials)*

By signing this Confidential Bird Adoption Application, you agree to be bound by the Probationary Period in The Gabriel Foundation Probationary Bird Adoption Agreement. Specifically, during the three-month Probationary Period, The Gabriel Foundation has the right to make inspections at any reasonable time after 24 hours notice to determine whether you are complying with your obligations under the Agreement and whether you are maintaining the health and safety of the bird. The Foundation reserves the right to remove the bird at any time if it determines, in its sole opinion and discretion, that you are not complying with your obligations under the Agreement or you are not maintaining the health and safety of the bird. *I have read and agree to these adoption terms _____ (initials)*

By signing this confidential Bird Adoption Application, you agree that in the event of the death of your adopted bird, you agree to notify The Gabriel Foundation in writing within 48 hours, indicating the date and reason for the bird's passing. By signing this contract, you agree to (at minimum) have a gross necropsy performed to potentially assess the cause of the bird's death. At the time of the bird's adoption, you were provided the necessary information on how to prepare your bird for this important diagnostic tool. (See In the Event of the Death of Your Adopted Bird handout for instructions). In order to protect your other birds, your veterinarian may strongly advise that due to sudden death and/or other physical indicators of bird illness, that tissue samples should be submitted for veterinary pathology testing. Please discuss this cost with your veterinarian upon your bird's death. *I have read and agree to these adoption terms _____(initials)*

By signing this Confidential Bird Adoption Application, you agree that the bird(s) you are adopting will NOT be allowed to reproduce or be used in any breeding program. You agree that should eggs be produced, you will destroy the eggs and not let them develop into chicks. Failure to comply with the terms of this agreement may result in the termination of the Adoption Agreement and return of the adopted bird(s) to The Gabriel Foundation. *I have read and agree to these adoption terms _____(initials)*

Applicant name_____

Applicant signature_____

Date_____

Witness name_____

Witness signature_____

Date_____