



*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.

Email: birds@thegabrielfoundation.org www.thegabrielfoundation.org

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FLOCK ACQUISITION CONTRACT (4 PAGES)

Date _____

Name of Owner(s) _____ S.S.N. _____

Address _____

City • State • Zip Code _____

Telephone (h) _____ (w) _____ (c) _____

(e-mail) _____ (f) _____

Reason for giving up your bird - **Please check all that apply:**

Not enough time/Change in priorities/
For the bird's best interest

Bird too messy, loud or
destructive

Behavior/Biting, noise, aggression

Bird's failure to meet
expectations

New spouse/Conflict with relationship

Death of Owner

Owner moving/ Change in living situation

Owner's illness/Medical needs

Bird's medical needs

Feather picking/Not attractive

Financial hardship of Owner

New baby in household/
Conflict with children

TGF Group Intake Flock History attached: Y _____ N _____

Number of attached flock histories: _____

How did you learn about The Gabriel Foundation? _____

The Gabriel Foundation (“The Foundation”) is a recognized 501(c)(3) nonprofit corporation dedicated to the rescue, rehabilitation and health of exotic birds through humane education, research, and service. You have asked The Foundation to take ownership and care of the Birds.

All birds entering the Foundation’s quarantine must undergo a thorough veterinary examination and laboratory testing, the nature of which will vary depending upon the birds’ species. According to our Medical Directors, Jerry LaBonde MS, DVM, and Kris Ahlgrim, DVM, this extremely important procedure will help us to provide for the needs of your birds as well as protect the resident flock at The Gabriel Foundation. Parrots often mask their illnesses, and though your birds may “act fine” or have “never been sick” only a medical work up will determine if that is accurate. Birds may pass disease through their feces and oral or nasal discharge to other birds. Parrots also may carry *Chlamydophila psittaci* or avian tuberculosis that is transmissible not only to other birds, but to people too. Our laboratory testing procedure is designed to rule out these diseases. The charges for requisite testing may vary for a complete work up with laboratory testing, but average estimates are:

Canary/Finch	\$75.00
Budgie /Cockatiel	\$100.00
Lovebird	\$125.00
Large Hookbills	\$150.00/\$200.00

You and/or your veterinarian will be provided a copy of The Gabriel Foundation’s Avian Medical Screening protocol for all birds prior to admission to The Foundation. We urge you to discuss medical screening costs with your veterinarian prior to testing. Your birds have been in your care and you have been responsible for their welfare during your period of ownership. We request that if possible, you assist the Foundation in underwriting the cost of these procedures prior to your birds’ admission into quarantine. Please provide copies of all of your birds’ medical records to The Gabriel Foundation. If you are unable to provide the important veterinary testing for financial reasons, we request permission to solicit restricted funds which will be used solely for your birds’ needs at the Foundation. The Foundation will make every effort to respect your wishes using reasonable care and diligence when requesting additional public donations on behalf of your birds. The Foundation is not responsible for any public media coverage other than that expressly produced or created by the Foundation on behalf of your birds.

The Foundation is asked to accept hundreds of birds annually into the aviary. We ask that you consider a contribution to offset the care of your bird if possible. Should your bird come into The Gabriel Foundation for permanent sanctuary, we request that you consider a monthly/annual donation on behalf of the welfare of your bird. Many parrots that come into the aviary are from true rescue situations and your financial contribution enables us to offset costs incurred with rescue.

ف I am able to help the Foundation care for my bird.

I am able to the Foundation offset the costs of providing for the total well-being of my birds: **(check all that apply)**

Pay for the veterinary exam and necessary laboratory testing for my bird prior to entry to the Foundation

Make a monthly donation of \$ _____

Make an annual donation of \$ _____

(Please provide the Foundation credit card information so that the agreed upon amount may be automatically billed to your card; a receipt will be provided to you with each charge)

ف No, the Foundation cannot count on me to financially assist with the continued welfare of the bird(s) I have relinquished to its care.

Reason (optional): _____

ف I understand that my bird may be placed into the Foundation’s adoption program depending upon the Foundation’s evaluation of what is best for the continued welfare of my bird unless I have requested that my bird(s) be placed only in the Sanctuary program and agree to its terms. **PLEASE INITIAL**

By signing this Parrot Acquisition Contract (the “Contract”), you transfer ownership of the birds described in the attached Flock Bird History forms (the “Birds”) to The Foundation. In addition, you agree to all the terms of this Contract.

If for any reason the Birds are returned to you, you agree to reimburse The Foundation for all expenses of caring for the Birds, such as veterinary care, food, toys, boarding, and overhead expenses.

You warrant to The Foundation that you are the sole owner of the Birds, have the right to transfer their ownership to The Foundation, and that there are no encumbrances on or other ownership interests on the Birds.

You agree to defend, indemnify, and hold harmless The Foundation, its agents, directors, officers, employees, volunteers, and affiliates from and against all actions, claims, damages, losses, and expenses (including reasonable attorneys’ fees) if any of the above warranties are incorrect or incomplete, or if you breach this Contract.

You agree, without additional consideration, to sign, acknowledge, and deliver any other documents and take any other action necessary or appropriate and reasonably requested by The Foundation to carry out the intent and purposes of this Contract.

Colorado law will govern this Contract, and you agree that any litigation arising under this Contract will be brought in a court having jurisdiction within Colorado. In any dispute, the prevailing party shall recover reasonable attorneys’ fees and costs.

MAINTAINING CONTACT

You decide whether or not you would like to receive updates and information pertaining to your surrendered birds. Please check the appropriate box so that we may respect your wishes.

No I do not wish to be provided information about my bird(s) placed with The Gabriel Foundation.

Yes, I would like to continue to receive information concerning the bird(s) I have placed with The Gabriel Foundation. I understand that I may contact the Foundation aviary via telephone, E-mail and by other means as applicable. I understand that it is my responsibility to make inquiries about my bird(s) and that the Foundation staff will provide me updates in a timely manner upon request.

DONATION VALUATION

You may request a donation acknowledgement letter from The Gabriel Foundation for tax purposes when you donate your parrot and/or other items to The Gabriel Foundation, a public charity. The Foundation **will not** provide you with a valuation amount for your donated items; your original purchase receipts for donated items should be provided to your tax planning professional along with a copy of The Gabriel Foundation's donation acknowledgement letter. You may wish to check with your tax advisor regarding your individual tax situation.

Yes, please provide me with a donation acknowledgement letter for tax purposes. I am donating the following items to The Gabriel Foundation:

No, do not provide me a donation acknowledgement letter

Please initial and date: _____

I have read this Contract, understand it, and agree to its terms.

Witness signature

Your signature

Witness name (printed)

Your name (printed)

Witness address

Your address

Witness phone number

Your phone number