## B.C. SPCA Avian Adoption Application

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Please be advised a home visit may be requested before this application can be processed We reserve the right to refuse this application					
Animal's Name:	Log Number:	Staff Name:			
	Date Application Receive	ed:			
Name:		Home Phone:			
Address:		Alternate Phone:			
City:		Province: Postal Code:			
Email:					
Where will the bird be housed	1?				
How many adults are in your	household? How mar	ny children are in your household?			
Who will be the primary care	giver for this bird?				
Do you own any other anima	ls? (if yes. please prov	vide details)			
Do you have a regular veterir	narian? (if yes. please	e give their details)			
How many hours per day will	the bird be alone?				

How long do you anticipate this bird to live for?						
What will you feed this bird?						
Do you live in a house, apartment, trailer, condo, other?						
Do you own or rent?						
Are you permitted to keep a bird? (Landlord permission, strata rules, local bylaws)						
How long have you lived at this address?						
What will you do with the bird when you go on holiday?						
What will you do with the bird if you need to move?						
Under what circumstances would you return this bird?						
Moving	New Baby	Divorce	New Relationship	High Cost of Animal Care		
Allergies	Vacation	Retiring	Aggression	Excessive Noise		
High Veterinary Bills Other (describe)						
Have you ever surrendered an animal to the BCSPCA or any other organization?						
(if yes, please elaborate)						
Would you permit a representative of the BCSPCA visit your home before or after adoption?						
Have you ever been charged with neglect or cruelty to animals?						
* FALSIFIED ANSWERS WILL LEAD TO AUTOMATIC REJECTION OF THIS APPLICATION						
Applicant Signature:						

Date: \_\_\_\_\_