

**SOUTHERN NEVADA PARROT EDUCATION,  
RESCUE & REHOMING SOCIETY (SNPERRS)**

**P.O. Box 81483 / Las Vegas, Nevada 89180**

**[SouthernNevadaParrotRescue@gmail.com](mailto:SouthernNevadaParrotRescue@gmail.com)**

AVIAN ADOPTION/REHOMING PROGRAM FOR EXOTIC PET BIRDS

Volunteer to Foster

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Bird Desired: \_\_\_\_\_

Number of people in family: \_\_\_\_\_

Name and age of primary caretaker: \_\_\_\_\_

List the Other Birds and their species in your home: \_\_\_\_\_

\_\_\_\_\_

What is your birds main diet? (seeds/pellets, etc): \_\_\_\_\_

\_\_\_\_\_

What is your birds play & exercise schedule: \_\_\_\_\_

\_\_\_\_\_

Who is your Avian Vet: \_\_\_\_\_

Describe where the bird will be kept, including other birds which will be kept in the same room, approximate size of cage, other pets in the home, etc: \_\_\_\_\_

\_\_\_\_\_

Do you have any experience that would help you care for a special needs bird? \_\_\_\_\_

\_\_\_\_\_

What do you plan to feed this foster bird: \_\_\_\_\_

---

Why do you want to foster: \_\_\_\_\_

---

Please state what your plans are for staying current and informed on avian care. For example: club activity, magazines subscribed to, educational programs, etc: \_\_\_\_\_

---

Do you agree to take this foster bird in for a check-up with an avian vet?    Yes    No

By signing below, I \_\_\_\_\_, authorize SNPERRS to confer with my avian vet regarding the health and care of my current birds. I hereby release and hold harmless SNPERRS, its members and advisor veterinarians. I further agree to be bound by the written policies of the SNPERRS adoption program.

Signature \_\_\_\_\_                      Date \_\_\_\_\_