



Adopt A Bird Chairperson

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Adopt A Bird Committee

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Foster Home Application

Name _____ Phone Number _____

Address _____ City _____ ST _____ Zip _____

Email _____

Species you would be able to foster: _____

List all animals currently in your care _____

Do you have small children in the home? yes no
If yes, what are their ages? _____

What experience do you have w/birds? _____

Would you be willing to foster a bird with behavior problems such as screaming, biting, plucking, aggressive behavior, etc? yes no

Would you be willing to foster a bird with special medical problems? yes no

Would you be willing to foster a bird with a handicap? yes no

Would you be willing to foster a sick bird? yes no

Do you have spare cages that can be used to house foster birds? yes no

If yes, please state what type of cage(s) they are and what types of birds they would house: _____

Are you available to pick up a bird on short notice, i.e. same day, etc.? Yes No

Signature

Date

Official Use Only:

Expiration Date: _____ Comments: _____

Revised 01/2009