7934 Ripco Rd Eagle River, WI 54521

715-891-4352

avianoasisrescue@gmail.com

INTAKE AGREEMENT

Breed of bird(s):_____ Age:_____ Gender:_____Name(s):_____

Previous cage size:_____ Vet contact # _____

To help Avian Oasis Rescue care for your bird(s), food, supplies, and monetary donations are appreciated – (These are non-refundable).

Past health history and/or
concerns:_____
_____
_____

# of previous homes and for how long:_____

By signing this form, you understand and agree to relinquish your bird(s) to Avian Oasis. Decisions regarding the bird's diet, housing, health and medical and adoption of the bird(s) will be at the sole discretion of Avian Oasis Rescue and Rehabilitation. We strive to ensure every bird gets proper food, large cage, toys, and loving care for life. * We can provide OCCASIONAL updates regarding the birds, but we ask that you not continuously contact us, as it takes time away from the focus and care of our permanent residents and adoptee birds. The bird(s) will not be returned to you at any time. We will reach out with any additional questions. (Thank you for your cooperation and understanding)

Phone #_____ Address:_____

Signed:_____ Date:_____