



PERSIAN DREAMS & CANINE THEMES RESCUE SOCIETY



"Helping Every Tail Find A Happy Ending"

PO Box 23134 Medicine Hat, AB T1B 4C7 Phone: 403-529-2287 Fax: 403-528-4551

Email: persiandreams@hotmail.com www.persiandreamsrescue.org

BIRD ADOPTION

Name: _____

Address: _____ Mailing Address: _____

Home Phone No: _____ Cell Phone No: _____

Email Address: _____ Do you rent your home ? () Yes () No

If Yes, please provide name and contact phone number of landlord: _____

I, _____ am adopting the following bird: _____.

Breed: _____ Type: _____ Age/Date of Birth: _____.

Please provide two *non-family* references:

1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

I agree that I have the appropriate housing for this bird and I am aware of and willing to provide the proper diet and supplements required keeping this bird in healthy condition. I have researched the requirements for this bird thoroughly. I agree to meet any special needs this bird might require.

I agree to contact Persian Dreams and Canine Themes Rescue Society in the event that I am unable to keep this bird for any reason.

I am prepared to pay the adoption fee of \$ _____ to the Society.

Adopter Signature

Persian Dreams Representative Signature

Date Application Received

Date Application Approved