

RILEY COUNTY HUMANE SOCIETY  
ADOPTION CONTRACT



*Budgie (Parakeet)*

P.O. Box 1202, Manhattan, Kansas 66505

Phone: 785-776-8433 Fax: 888-701-8936 Web: www.rchsk.org

E-mail: Exotic-Adopt@rchsk.org OR Info@rchsk.org

Name of Adopter: \_\_\_\_\_

Address of Adopter: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Landlord Name (if renting): \_\_\_\_\_ LL's Phone #: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Vet's Phone #: \_\_\_\_\_

Name of Pet to be Adopted: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed/Description: \_\_\_\_\_

References(No Family Please):#1 \_\_\_\_\_ Phone: \_\_\_\_\_

#2 \_\_\_\_\_ Phone: \_\_\_\_\_

**AS THE ADOPTING PARTY I AGREE TO THE FOLLOWING PROVISIONS:**

1. I understand that **this budgie will be an indoor pet integrated with the rest of my family.** I understand that budgies require time, attention and lots of love, and I have the time and the intention of providing this to my budgie.
2. I agree to **provide a safe, healthy environment** and to **house this budgie indoors, safe from predators, disease and exposure.** I agree to give this budgie play and exercise time. I will **ALWAYS** supervise any children who are in the presence of this budgie.
3. I understand this Budgie needs social interaction and love for emotional well-being. I understand and agree to provide for the Budgie's social and emotional needs. I agree to read all information about this topic.
4. If renting, or leasing or subletting, I **CONFIRM** that I have permission from the landlord to have an indoor Budgie. We will call your landlord to confirm.
5. I agree to provide the Budgie with appropriate **fresh food, water, and an appropriate calcium supplement (such as a cuttle bone for example) EVERY DAY.**
6. I have no allergies to feathers and no one in my household has an allergy to feathers.
7. I will not allow animals such as hunting cats, ferrets, or hunting/working dogs, etc in the area where my budgies will be housed.
8. This budgie adoption is permanent, and I understand that the budgie may live to be 5 to 10yrs years of age.
9. In the event of illness or injury, I agree to seek **PROMPT** veterinary care from a qualified avian veterinarian.
10. I understand that the pet covered by these adoption papers, is, as far as can be determined by the RCHS, in good health, and that the RCHS is not responsible for any medical fees incurred after the adoption date. However, if a health problem develops during the first 10 days, I should notify the RCHS to discuss the matter.
11. I agree to provide requested feedback in the adoption follow-up program, and I give the RCHS visitation rights to ensure that the terms of this adoption agreement are being observed.
12. **If, for any reason, I cannot keep the adopted pet, I agree to notify the Riley County Humane Society (RCHS), and return the adopted animal to an active member of the organization.**
13. **I understand that any failure to perform the foregoing agreement will constitute a breach of contract. In the event of a breach in contract, I authorize the Riley County Humane Society to reclaim both possession and ownership of the pet.**

Signature of Adopter: \_\_\_\_\_ DATE: \_\_\_\_\_

RCHS Representative: \_\_\_\_\_ DATE: \_\_\_\_\_

Riley County Humane Society  
Budgie (Parakeet) Interview

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

Name of Budgie (Parakeet)(s) you are interested in adopting: \_\_\_\_\_

1. Do you own your home or rent?

1a. If you rent, does your landlord permit budgies? (**We will contact your landlord and verify**)

2. Have you owned a budgie before?

2a. If so, how long did you have your previous budgie

2b. What happened to them?

3. Why adopt a Budgie as a pet?

4. Have you obtained information regarding budgie diet, needs, behavior, etc. ?

4a. Are you aware that a proper captive diet includes pellets, high quality seed mixes and fresh vegetables and fruits?

4b. Are you aware Budgie need their wings and potentially beaks trimmed on a regular basis and are you willing to do this? (You can also provide toys and perches that will help keep toe nails and beaks trimmed down)

5. What type of caging/housing will you be using?

5a. What type of bedding will you use?

6. Are there children in the home? If so, what ages?

6a. Is the Budgie being obtained as a pet for the child(ren)?

6b. Will the Budgie be supervised in the presence of young children?

6c. If the Budgie is being obtained for a child, is there an adult willing to be the primary care giver?

7. Is this budgie intended to be a bond-mate for another family budgie?

7a. Is your current budgie of the opposite sex of the one you wish to adopt?

7b. If it's of the opposite sex do you agree that you will not put nesting material in the cage that will encourage the budgies to breed

8. Does anyone in your home have any known allergies to birds or feathers?
9. Is everyone in the home aware of the potential adoption?
10. Will the Budgie be allowed lots of exercise/play time outside of his/her cage and lots of interaction with the family?
11. Are there dogs, cats, ferrets or other naturally predatory animals in the home?

11.a If so, how do you plan to keep the Budgie safe from these animals?

12. We realize the veterinary care for a Budgie is limited. However, are you willing to take your Budgie to a qualified exotics veterinarian if he/she should need medical care?

12a. Are you aware of the cost involved with using a qualified exotics veterinarian?

13. A budgies average lifespan is 5-10 years, but they can live up to 12 years, are you fully prepared to commit to the budgie for their entire lifetime?

**If your application is approved, and the adoption is not successful, for whatever reason and after any duration of time, do you agree to return the Budgie back to the RCHS fostering and adoption program?  
This stipulation is also referred to in the adoption application you are required to sign.**

**If you agree please sign \_\_\_\_\_ Date: \_\_\_\_\_**