

Under My Wing Avian Refuge

1243 Rte 23 North, Wantage NJ 07461

Visitor Application

Name: _____ Date: _____

Home Phone: _____ Cell phone: _____

Address: _____

City/State: _____ Zip: _____

E-mail: _____ Birth Date: _____

What will be your purpose for visiting Under My Wing? _____

Please list any minor child that will be visiting with you (add a separate sheet if needed along with parent consent and our waiver form)

Name _____ Age _____ Male _____ Female _____

Name _____ Age _____ Male _____ Female _____

Self or Company I represent:

Position: _____

Address: _____ Phone: _____

Supervisor's Name: _____

How many visitors will be coming with you? _____ (please attach a copy of visitor's picture identification and our waiver form for each visitor)

Please list any allergies to birds, cats, chemicals or physical, medical, psychological limitations or disabilities that might hinder you from safely visiting any area of our sanctuary.

Days of the week are you available for visits):

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Are you available: Morning _____ Afternoon _____ Evening: _____

What Month of the year are you considering visiting us? _____

Our organization funding is accomplished through public donations, fundraisers, membership, grants, on and off-site education, adoption fees, retail store sales, facility tours and corporate donations. Donations are tax deductible. Statements for such will be mailed each year by January 31 for the prior year contributions.

Will you be making a personal or corporate donation to our sanctuary? _____

We can expect your donation amount to be \$ _____ Payable by Check _____ Credit Card _____

List valid NJ Drivers License & Exp. Date _____

Have you been convicted of a felony of any kind or of misdemeanor animal abuse within the past seven (7) years? Yes _____ No _____ If yes, please explain:

Have you had a tetanus shot or booster in the last five (5) years? Yes _____ No _____

Since you may be handling animals, please discuss allergies and current tetanus immunization with your physician.

Please note:

- If your visit is for the purpose of relinquishing your bird(s) please attach your relinquish form along with this application, our waiver form and a non-refundable deposit of \$300. Your deposit will be credited to your relinquish application once your bird arrives at our sanctuary. All donations and fees for relinquishing a bird(s) is tax deductible. Statements for such will be mailed each year by January 31 for the prior year contributions.
- This form is not purposed for adoptions. If your visit pertains to adoption of a bird please request an adoption and procedure application. Once your adoption application is approved we will make arrangements for you to visit with the bird.
- We do not permit use of camera's phone and video included in your visit unless pre-approved for specific projects and approved by our board members. To receive approval for such use, you must write a letter with your inquiry to the board at least 30days prior to your visit. Letter of approval must be received and accepted prior to your visit.
- We do not permit food and treats to be distributed to the birds until checked by staff and in case of fruits and vegetable until after proper washing. If you wish to bring the birds such items

please make sure to notify us that we may proceed accordingly and give you a chance to feed our birds the products you have donated.

- Your application will not be considered unless we receive two forms of picture Id, residential proof and or a letter on your company letterhead approving you for your visit and reason for it.

Thanking you in advance for choosing to visit our exotic bird sanctuary. We hope your visit will be a pleasurable one.

Warmly,

Paula N Ashfield
President and Founder