

Helping Wings



A Helping Wing In Times Of Crisis
www.helpingwings.org.au

Helping Wings Assistance Request Form

OWNER DETAILS:			
Name:			
Age:			
Address:			
City:		State:	
Country:		Postcode:	
Contact Number:		Email:	
Number Of Birds You Own:			
Breeds Of Birds You Own:			
Employment Status:			
BIRD DETAILS:			
<i>This section is to be filled out for the bird you are seeking help for.</i>			
Name:			
Age: (approx. age if unknown)			
How Long Have You Owned This Bird For?			
Sex:			
Breed:			
Your Birds Diet:			
VET DETAILS:			
Name Of Your Preferred Vet:			
Clinic's Name:			
Clinic's Address:			
Clinic's Contact Number:			
Clinic's Email:			

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Please explain to us what is happening with your bird that you require assistance:			
Is this an ongoing and / or repeating issue? If yes, please elaborate.			
Any other details you wish to add?			
PLEASE NOTE: By signing this form you declare that you are not giving false information or details -			
Electronic Signature:		Date:	
<i>We must treat the most severe cases first. In the unfortunate circumstance that we cannot help you straight away, you will be notified as soon as possible.</i>			