

BLOUNT COUNTY HUMANE SOCIETY

AVIAN BRANCH / Avian Rescue Adoption (ARA)  
Exotic Avian Adoption Form - EAA11-

DATE: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_  
Applicant's Home Address \_\_\_\_\_  
Applicant's Phone / Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email: \_\_\_\_\_

*I, wish to be considered for participation in the BCHS-AB-EARA, and I will adhere to REQUIREMENTS set forth below. Please Initial each REQUIREMENT.*  
I, the undersigned wish to be considered for participation in the BCHSAB-ARA and will adhere to REQUIREMENTS set forth below. *Please Initial each REQUIREMENT.*

REQUIREMENTS:

1. A signed completed AB-EAAA11-
2. I will provide a safe home environment for bird(s).
3. I will be responsible for well being of bird(s).
4. I will contact BCHS-AB-ARAP if I am no longer able to personally care for adopted bird(s).
5. If I am no longer able or willing to personally care for bird(s). I will return bird (s) and it's (their) belongings to BCHS-AB-ARAP and will comply with team leader's decision on welfare of bird(s).

**Bird species desired in order of preference:**

- 1.
- 2.
- 3.

\*\*\*\*\*

**Bird adopted:**

**Date adopted:**

Enclosed is applicable adoption fee(s): A \$25 B \$50 C \$100

- A. Cockatiels, Canaries, Finches)
- B. Small parrots
- C. Amazons, Macaws, Cockatoos, and African Grays

**OPTIONAL: Enclosed is an addition donation**  
[\$20 [\$25 [\$50 [\$100 [Other \_\_\_\_\_ Make payable to: BCHS

ADOPTER'S SIGNATURE: \_\_\_\_\_

ARAP Team Leader Signature \_\_\_\_\_  
Dated: \_\_\_\_\_ ARAP# \_\_\_\_\_