

BLOUNT COUNTY HUMANE SOCIETY
AVIAN BRANCH / Exotic Avian Rescue Surrender (EARS)
Exotic Avian Rescue – Surrender Form - EARS11

DATE: _____ Referred by: _____

Donor's Name: _____

Address / Home _____ Email: _____
Applicant's Phone / Home _____ Cell _____

Signature: _____

Surrender Identification Information:

TYPE OF BIRD: _____ Example: Parakeet / Canary / Amazon Parrot

IDENTIFICATION: Name _____ Band # _____

REASON FOR RESCUE: _____

DOB: _____ AGE: _____ SEX: M F UNKNOWN () SURGICALLY SEXED: YES NO

BONDS WITH HUMAN ADULTS F / M CHILDREN F / M

DIET: (circle) Pelleted Seed

VETERINARIAN'S NAME / _____ PHONE: _____

MEDICAL PROBLEMS: YES / NO IF YES, DESCRIBE on back of this form.

BEHAVIORAL PROBLEMS: YES / NO IF YES, DESCRIBE on back of this form.

Does Donor have full ownership of this bird? YES / NO (Does Not belong To A Rescue Org.)

Has an alternate solution for bird's well being been offered with your understanding? YES NO

I the undersigned wish to be considered for participation as a donor in the BCHS-AB-ARAP, and will adhere to requirements set forth below.

REQUIREMENTS:

1. Donor (named above) relinquishes ownership of donated Bird and assigns Ownership to The BLOUNT COUNTY HUMANE SOCIETY AVIAN BRANCH - AVIAN RESCUE ADOPTION
2. Upon approval of form EAR11 by BCHSAB/ARA Team Leader, Donor will relinquish described Bird to The BLOUNT COUNTY HUMANE SOCIETY AVIAN BRANCH / AVIAN RESCUE ADOPTION.

DONOR'S SIGNATURE: _____ DATE: _____

RECEIVED DATE: _____

OPTIONAL: Enclosed is a donation of _____ Make payable to: BCHS/AB

Approved by _____ ARA Team Leader

(865) 719-2116 or (865) 382-7652

Email- Birdman@blountcountyhumanesociety.org
Web Site: www.blountcountyhumanesociety.org

BCHSAB – ARAP - AA-2011