



**EXOTIC AVIAN SANCTUARY OF TENNESSEE, INC.**  
**LIFETIME CARE APPLICATION**

Date: \_\_\_\_\_

**Please fill out completely and submit to Exotic Avian Sanctuary of Tennessee. This is an application only, and is not a contract agreeing to take your bird.**

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Bird: \_\_\_\_\_

Species: \_\_\_\_\_

Age, if known: \_\_\_\_\_ Date of Birth, if known: \_\_\_\_\_ Male or Female? \_\_\_\_\_

Wild-Caught or Captive-Bred or don't know? \_\_\_\_\_

Has the bird ever been a breeder bird and if so, when and for how long? \_\_\_\_\_

Can your bird fly? Please explain skill (or lack thereof) level: \_\_\_\_\_

If Female, is there a history of egg-laying? \_\_\_\_\_

How does your bird get along with other birds, if known?

Explain your bird's preferences and behaviors with humans:

Has your bird ever been sick or needed surgery? If so, please explain:

How often has your bird been to the vet for wellness checks? \_\_\_\_\_

Would you be able to provide us with veterinary records if admitted as a resident? \_\_\_\_\_

If your bird is accepted in our Lifetime of Care do you understand that you will be financially responsible for your bird's care for its lifetime? \_\_\_\_\_



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Please provide any additional pertinent information that you feel might be useful in our decision including the reason(s) why you need to find placement for your bird(s) and requested date of placement:

If we are not able to take your bird as a permanent Sanctuary resident, are you open to an adoptive home?

Yes      No

**I acknowledge that I have read and understand the Guidelines and Policies for Lifetime Care Program.**

Signature \_\_\_\_\_

**include/attach at least two clear photos of your bird in his or her environment.**