

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

Date: _____

Please fill out completely and include at least two clear photos of your bird in his or hers environment.

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? _____

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? Y N

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

Signature _____

Please submit your completed form and digital photos via E-mail to info@tnavianrescue.org, Subject Line "Lifetime Care" or print out and mail to Exotic Avian Sanctuary of Tennessee, Inc., Attn: Lifetime Care, PO Box 284, Hermitage, TN 37076.

