

BLOUNT COUNTY HUMANE SOCIETY
AVIAN BRANCH / Exotic Avian Rescue Adoption (EARA)
Exotic Avian Adoption Application Form - EAAA11-

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.

REQUIREMENTS:

1. I will attend one BCHS Meeting and two training sessions set up by Team Leader of BCHS-AB-ARA.
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. I will allow home inspections by team members of EARA for consideration for application approval and spot checks after adoption.
6. 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-EARA and will comply with team leader's decision on welfare of bird(s).

BCHS Meeting: Date Attended _____

BCHS Approved Member Signature _____

1st Training: Date Attended _____

Applicant's Signature: _____

ARA Team Leader Signature: _____

2nd Training: Date Attended _____

Applicant's Signature: _____

ARA Team Leader Signature: _____

Home Inspection performed on Date: _____

ARA Team Leader Signature: _____

With these signatures verifying applicant's presence and training in accordance with BCHS-ARA Form EAAA11-.Eligibility for an ARSA will be approved.

ARA Team Leader Signature needed for completion of 1 & 5 Requirements & Approval for adoption of Exotic Avian thru BCHS AB EARS.

ARA Team Leader Signature _____

Dated _____

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

Email- Birdman@blountcountyhumanesociety.org

Web Site: www.blountcountyhumanesociety.org

BCHSAB – ARAP - AA-2011