

Relinquishment Form

Owner's Information

Please visit www.connecticutparrotsociety.org and contact the adoption chairperson for more information.

Mailing address: CPS, P.O. Box 488, Middletown, CT 06457.

Bird's Information

Namo:	Name:		
Name:	Street Address:		
Species:	City/State/Zip Code:	City/State/Zip Code:	
Age: Band No./Microchip:	Phone:		
Veterinarian (name and town):			
General health:	 Statemen	t of Relinguishment	
Special needs:		(print name), hereby surrender this bir	
Diet:	to the Connecticut Parrot Society	to the Composticut Downt Cociety (CDC) I contify that I am the compost compost	
Cage included? ☐ Yes ☐ No ☐ Other items?	knowledge. I agree to let CPS lis	knowledge. I agree to let CPS list this bird on its website, on its social media in its newsletter, and to place this bird with a new owner, at its discretion.	
Personality/Disposition:	·	I further agree to hold and to properly care for this bird, until CPS places hin or her in an adoptive or foster home.	
Preferences (special person, toys, songs, etc.):	I also may place this bird with a r	I also may place this bird with a new owner, directly. In this event, I agree to advise CPS of same, in writing, whereby this Relinquishment Form becomes null and void.	
Reason for relinquishment:	accept all terms and conditions s	I certify that I have read and understood this agreement, and that I willingly accept all terms and conditions set forth herein.	
	 Signature		