



### Relinquishment Form

Date:	
Name of Parrot:	
Species:	
Age:	
Sex:	
Owner's Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	
Email:	

**Tax deductible donation received if any:** \_\_\_\_\_

By signing this relinquishment form I, \_\_\_\_\_, transfer ownership of the parrot described above.

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

***The Cape Fear Parrot Sanctuary will not breed, sell or re-home the parrot described above. Cape Fear Parrot Sanctuary is a 501c3, nonprofit organization.***