



Adopt A Bird Chairperson

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Adopt A Bird Committee

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PO BOX 10393
Reno, NV 89510-0393
www.raave.com

Donor Contract

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Species _____

Bird's Name _____ Sex _____ Age _____

Diet _____

Special Markings _____

List Cage type and supplies provided w/bird _____

Temperment _____

Vet Checks (known illnesses) _____

Comments _____

Thank you for placing your bird for adoption with the Reno Area Avian Enthusiasts. Your signature completes your donation and transfer of ownership of the bird(s) from you to RAAVE.

Signature of Donor _____ Date _____

Witness Signature _____ Date _____
Adopt – A – Bird Committee Member