

Old LEASH pet surrender request form

First name

Wayne

Last name

Crear

Street address

4670 Marcos Circle

City

Kissimmee

Zip code

34758

Email

[eaglefanwayne@gmail.com](mailto:eaglefanwayne@gmail.com)

Phone

(321) 330-7643

Reason for surrender

Behavior Issues

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Roxy

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

41 - 50 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Diarrhhea

Just a few more questions...

How long have you had the animals?

1 - 2 years

Reason(s) for concern - click all that apply.

- behavior
- cost of vet care
- no time for care

How we can help you keep your animals?

I have done all I can to try to curtail her bathroom issues. She also has a bad habit of jumping on people and peeing on the floor when excited.

Administration

Shelter to client contact date

01/10/2023

Surrender necessary

yes

Staff member making appointment(s).

Dawn

Send appointment email

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

01/12/2023

Time of appointment 1

10:00 am

Outcome data

Admin notes

Dog seems to be having medical issues, so per vet suite, bring him in sooner than the appointment opening. The owner may or may not take her back.  
DGS