Old LEASH pet surrender request form
First name
Wilfredo
Last name
Last name
Santos
Street address
2024 lacie jo lane
City
•
Viscimmon

Kissimmee

## Zip code

34743

#### Email

wilfredosantos1969@gmail.com

#### Phone

(407) 552-2999

## Reason for surrender

I have medical issues

## My current living situation is...

I have a stable home.

## **Animal 1**

## Animal 1 name

King

## Animal 1 species

dog

## Animal 1 dog breed

American bully

## Animal 1 size

51 + lbs

## Animal 1 gender

male

## Has animal 1 been neutered?

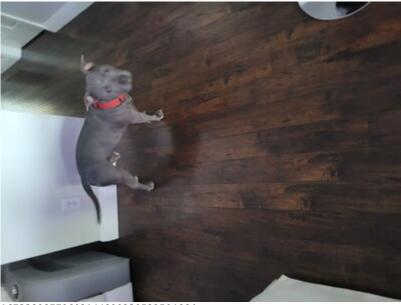
## Animal 1 age

1 - 2 years

## Does animal 1 have any known medical issues?

## Has animal 1 ever bitten anybody?

## Animal 1 photo



1673389877960214489023952250466.jpg

## Just a few more questions...

## How long have you had the animals?

1 - 2 years

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

• no time for care

## Other reason not listed

My wife and I have medical issues

## Administration

## Shelter to client contact date

01/11/2023

## Staff member making appointment(s).

ALG

## Multiple appointments?

no

# Outcome data

#### Call outcome

non responsive to contact/no show

## Admin notes

1/11/23 CALLED AND LEFT A VM-ALG 1/13/23- Called and left vm. AM

#### Final surrender outcome

not applicable