

Old LEASH pet surrender request form

First name

Debbie

Last name

Galbraith

Street address

807 Russell St

City

Saint Cloud

Zip code

34769

Email

lvrsteelers@gmail.com

Phone

(412) 519-8110

Reason for surrender

My health issues

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Buck

Animal 1 species

dog

Animal 1 dog breed

Lab mix

Animal 1 size

41 - 50 lbs

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies
- behavior

Other reason not listed

I have ongoing medical issues

How we can help you keep your animals?

He is a amazing dog but unfortunately with my ongoing health issues I am unable to keep him..

Administration

Multiple appointments?

no

Outcome data

Admin notes

2/1/23 Called the owner and due to a disability, she can no longer handle the animal. He keeps escaping. I gave her multiple rescues to try and still try to rehome before the appointment. She said the dog is very playful and healthy but has a mild skin allergy. The dog lives with 2 other small dogs. I made her an early appointment per md. I told her our policies and I can't guarantee the outcome. AM