# m

Old LEASH pet surrender request form
First name
Barbara
Last name
Cosser
Street address
3254 Brown St
City
St cloud

#### Zip code

34769

#### Email

Goofy6452@aol.com

#### Phone

(407) 953-8933

#### Reason for surrender

I am not able to care for here

#### My current living situation is...

I would rather not say.

#### **Animal 1**

### Animal 1 name

Bonnie Mae

## Animal 1 species

dog

#### Animal 1 dog breed

West Highland Terrier

#### Animal 1 size

11 - 20 lbs

## Animal 1 gender

female

## Has the animal 1 been spayed?

# Animal 1 age

5 years +

## Does animal 1 have any known medical issues?

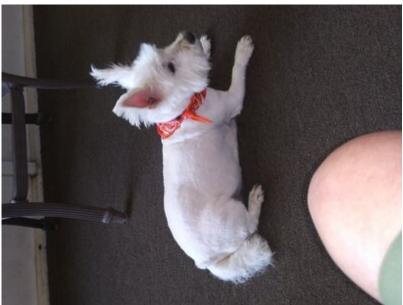
yes

## Has animal 1 ever bitten anybody?

# Animal 1 explain medical issues

Seizures

# Animal 1 photo



20210317\_174639.jpg

#### Just a few more questions...

#### How long have you had the animals?

5 + years

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

• behavior

#### Other reason not listed

Living in a friend's home

#### How we can help you keep your animals?

I am 70 years old with medical problems and living with a friend. I am not able to care for her. She is 13 years old and potties in the house.

#### Administration

### Shelter to client contact date

02/01/2023

#### **Surrender necessary**

yes

### Staff member making appointment(s).

am

### Multiple appointments?

no

## Appointment 1

## Date of appointment 1

02/03/2023

## Time of appointment 1

02:00 pm

# Outcome data

## Admin notes

2/1/23- Called the owner and the dog is 13 years old and has seizures often. I told her it would be set up as a 300 appointment and the owner was ok with that. AM