

Old LEASH pet surrender request form

First name

Amanda

Last name

Schmidt

Street address

2995 Mallory circle

City

Kissimmee

Zip code

34747

Email

A.schmidty@aol.com

Phone

(516) 761-9358

Reason for surrender

Switched to full time employment. Live alone in an Apartment. Dog is alone 12+ hr a day.

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Hennessy

Animal 1 species

dog

Animal 1 dog breed

Mixed breed

Animal 1 size

51 + 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?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- no time for care

Administration

Shelter to client contact date

02/09/2023

Surrender necessary

no

Staff member making appointment(s).

am

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Admin notes

2/9/23 CALLED LEFT VM. C.WILDERMUTH
2/10/23- Called and left VM. AM

Final surrender outcome

not applicable