### **Old LEASH pet surrender request form**

### First name

Tiana

Last name

Arnott

### Street address

705 del rio way

### **City** Kissimmee

Rissinned

### Zip code

34758

### Email tianaarnott@gmail.com

**Phone** (407) 750-7557

### **Reason for surrender** We can't give him the attention he needs. He's always in the cage and is not trained.

## My current living situation is...

I would rather not say.

### Animal 1

Animal 1 name Shadow

# Animal 1 species

Animal 1 dog breed German Shepard

### Animal 1 size

51 + lbs

### Animal 1 gender

male

### Has animal 1 been neutered? no

#### Animal 1 age

1 - 2 years

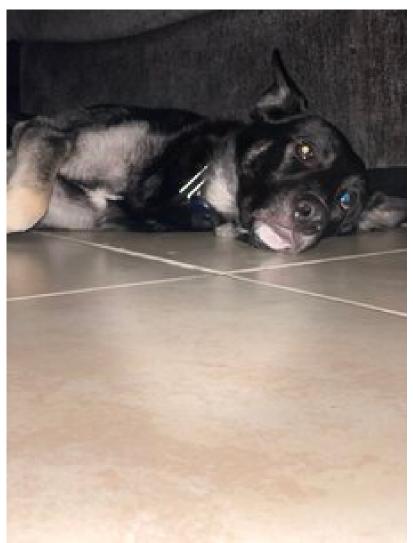
### Does animal 1 have any known medical issues?

no

### Has animal 1 ever bitten anybody?

no

### Animal 1 photo



504317FE-FAFF-4EC6-BC1E-C21ABDAD8172.jpeg

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

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

1 - 2 years

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

- behavior
- moving
- no time for care

### Administration

Shelter to client contact date 02/09/2023

Surrender necessary

no

Staff member making appointment(s).

CW

Multiple appointments?

### Outcome data

Call outcome resolved by client

**Final call date** 02/09/2023

Admin notes duplicate.

Final surrender outcome not applicable