

Old LEASH pet surrender request form

First name

Tiana

Last name

Arnott

Street address

705 del rio way

City

Kissimmee

Zip code

34758

Email

[tianaarnott@gmail.com](mailto: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

dog

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



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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?

no

Outcome data

Call outcome

resolved by client

Final call date

02/09/2023

Admin notes

duplicate.

Final surrender outcome

not applicable