

Old LEASH pet surrender request form

First name

jOYCE

Last name

Collins

Street address

1009 KAREN RIDGE COURT

City

KISSIMMEE

Zip code

34747

Email

rochesmom@gmail.com

Phone

(407) 396-6328

Reason for surrender

My senior shih tzu is blind, deaf, and cant control bowels or bladder. Barks constantly all night. In the day sits facing the wall.She circles like she can not settle down.l.

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Topaz

Animal 1 species

dog

Animal 1 dog breed

shih tzu

Animal 1 size

11 - 20 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

blind, deaf, cant control bladder or bowels.

Just a few more questions...

How long have you had the animals?

5 + years

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

- behavior
- has too many pets

- no time for care
- no longer want animal

Administration

Shelter to client contact date

02/22/2023

Surrender necessary

yes

Staff member making appointment(s).

am

Send appointment email

no

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

02/24/2023

Time of appointment 1

11:00 am

Outcome data

Admin notes

2/22/23- Called the owner and due to the medical severe of the animal and the age we set up an appointment for 300. AM