

Old LEASH pet surrender request form

First name

Arielle

Last name

Phelan

Street address

3209 Bayflower Ave

City

Harmony

Zip code

34773

Email

[ariellephelan98@icloud.com](mailto:ariellephelan98@icloud.com)

Phone

(704) 763-1064

Reason for surrender

Busy Schedule

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Deedee

Animal 1 species

dog

Animal 1 dog breed

Boxer

Animal 1 size

51 + lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

9 - 12 months

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?

1 week or less

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

- allergies
- no time for care

Administration

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

03/08/2023

Admin notes

3/5/23- Called and left VM.AM

3/8/23 called and left VM advising that they can come in without appointment if within the 1 month period of adopting. If not they would need an appointment. for DeeDee A308925. there is also an email from Cidney to surrender as well due to the other dogs not getting along with her.-alg