# **Old LEASH pet surrender request form**

First name

Christian

Last name Leon

**Street address** 685 Cornerstone Dr

**City** Kissimmee

**Zip code** 34744

Email christianleon97@yahoo.com

**Phone** (321) 437-4618

**Reason for surrender** Can't keep it in my apartment.

My current living situation is... I would rather not say.

# Animal 1

Animal 1 name Sandy

Animal 1 species

Animal 1 dog breed Labrador

Animal 1 size 41 - 50 lbs

Animal 1 gender female

Has the animal 1 been spayed?

Animal 1 age

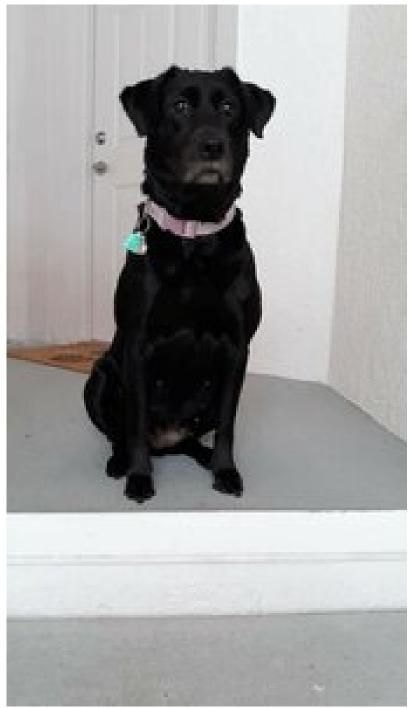
5 years +

Does animal 1 have any known medical issues? yes

Has animal 1 ever bitten anybody? no

Animal 1 explain medical issues Cedars, current medications.

Animal 1 photo



sandy.jpg

Just a few more questions...

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

5 + years

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

- no time for care
- no longer want animal

#### Administration

Shelter to client contact date 03/13/2023

Surrender necessary

no

Staff member making appointment(s). dm

Multiple appointments?

no

## **Outcome data**

Call outcome resolved by client

### Admin notes

I spoke with the owner and the dog is having health issue and the owner is now thinking about euthanizing the dog instead of surrendering it.