

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

dog

Animal 1 dog breed

Labrador

Animal 1 size

41 - 50 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

no

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.