

Old LEASH pet surrender request form

First name

Krystal

Last name

Santiago

Street address

2102 cascades blvd apt 102

City

Kissimmee

Zip code

34741

Email

santiagokrystal@yahoo.com

Phone

(321) 443-8907

Reason for surrender

Fracture foot need surgery and I am not able to take care of the dog

My current living situation is...

I have a stable home.

I have read and understood the pet rehome statement.

yes

About the animal(s)

Number of animals to be discussed?

1

Animal 1

Animal 1 name

Charlie

Animal 1 species

dog

Animal 1 dog breed

Cocker spaniel

Animal 1 size

21 - 30 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?

yes

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.

- no time for care

How we can help you keep your animals?

I am not able to take care of him and need surgery.

Administration

Shelter to client contact date

03/16/2023

Surrender necessary

yes

Staff member making appointment(s).

CW

Send appointment email

no

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

03/23/2023

Time of appointment 1

02:30 pm

Outcome data

Call outcome

surrendered to shelter

Admin notes

3/16/23 Called and left vm, need to find out more information about the bite that occurred. C. Wildermuth
3/17/23 Called owner who stated she is having surgery and will not be able to walk for two weeks. No one is able to take care of her dog as he bites. Owner stated dog bit roommate 5 months ago and had to take gentleman to ER. Owner was informed app would be made for a euthanasia process. C. Wildermuth

Final surrender outcome

showed at final meeting