| Old LEASH not surronder request form   |
|--|
| Old LEASH pet surrender request form  First name   |
| Krystal  |
| Last name<br>Santiago  |
| Street address 2102 cascades blvd apt 102  |
| City<br>Kissimmee  |
| <b>Zip code</b><br>34741   |
| Email santiagokrystal@yahoo.com  |
| <b>Phone</b> (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   |
|  |
| yes  |
| yes  About the animal(s)  Number of animals to be discussed?   |
| About the animal(s)  Number of animals to be discussed?  |
| About the animal(s)  Number of animals to be discussed?  Animal 1  Animal 1 name   |
| About the animal(s)  Number of animals to be discussed?  1  Animal 1  Animal 1 name  Charlie  Animal 1 species   |
| 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   |
| 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                            |
| 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 |

# Animal 1 age

1 - 2 years

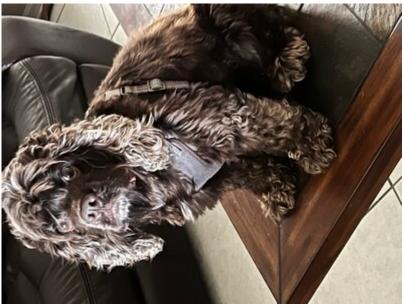
# Does animal 1 have any known medical issues?

no

## Has animal 1 ever bitten anybody?

yes

## Animal 1 photo



FA711F51-AC7C-412D-8385-12F374DC6FD7.jpeg

#### 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

Osceola County Animal Services LEASH Pet Surrender Report

## Final surrender outcome

showed at final meeting