

Old LEASH pet surrender request form

First name

Thomas

Last name

Turner

Street address

4715 Kissimmee Park road MH2

City

St. Cloud

Zip code

34772

Email

candyt721@gmail.com

Phone

(407) 738-7200

Reason for surrender

Due to our health.

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

Gus

Animal 1 species

dog

Animal 1 dog breed

Cattle shepherd

Animal 1 size

51 + lbs

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



70D68561-12D7-4325-AB59-6769C5466B42.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 longer want animal

Other reason not listed

My health

Administration

Shelter to client contact date

03/17/2023

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

04/03/2023

Time of appointment 1

01:00 pm

Outcome data

Call outcome

surrendered to shelter

Final call date

03/17/2023

Admin notes

3/17/23 Called owner who advised she and her husband are ill (husband struggles walking, wife has fractured back). Owners have tried everything to rehome the dog as far as rescues and police stations with no luck. Owner was made aware of polices and procedures. C. Wildermuth

Final surrender outcome

showed at final meeting

Close ticket

yes