

Old LEASH pet surrender request form

First name

Mariela

Last name

Rowlen

Street address

1903 Castleton Dr

City

Saint Cloud

Zip code

34771

Email

[maricaljef06@gmail.com](mailto:maricaljef06@gmail.com)

Phone

(321) 287-3477

Reason for surrender

Medical

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Bella

Animal 1 species

dog

Animal 1 dog breed

Border Collie

Animal 1 size

51 + 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

Degestive

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.

- cost of vet care
- no longer want animal

Other reason not listed

I am handicapped

How we can help you keep your animals?

Bella is a special need dog. She has 3 legs as well as I am handicap and it’s too much for me right now. She needs some who can take care of her better. She is a very lovable dog.

Administration

Shelter to client contact date

03/22/2023

Surrender necessary

yes

Staff member making appointment(s).

DM

Send appointment email

no

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

05/15/2023

Time of appointment 1

02:00 pm

Outcome data

Admin notes

3/22/23 called and spoke to the owner she in touch with a rescue group that is trying to help her rehome the dog and has someone looking and meeting the dog on Sunday she is hoping i goes well and that she can cancel this appointment I did make her aware of our policies and that we cannot guarantee an outcome for her dog. DM