

Old LEASH pet surrender request form

First name

Wayne

Last name

Crear

Street address

4670 Marcos Circle

City

Kissimmee

Zip code

34758

Email

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

Phone

(321) 330-7643

Reason for surrender

Cannot afford the medical treatment

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Roxy

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

51 + lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

constant diarrhea

Animal 1 photo



[Roxy.jpg](#)

**Just a few more questions...**

**How long have you had the animals?**

1 - 2 years

**Reason(s) for concern - click all that apply.**

- behavior
- cost of vet care
- no time for care

**Other reason not listed**

Too expensive for health care

**How we can help you keep your animals?**

I have spent over \$500 dollars trying to see why this dog continues to have diarrhea issues. I cannot continue to keep paying for service.