

Old LEASH pet surrender request form

First name

wilfredo

Last name

santos

Street address

2024 Iacie jo lane

City

Kissimme

Zip code

34743

Email

wilfredosantos1969@gmail.com

Phone

(407) 552-2999

Reason for surrender

Medical reasons

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

King

Animal 1 species

dog

Animal 1 dog breed

American bully

Animal 1 size

51 + 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?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Ear infection

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.

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

Administration

Shelter to client contact date

03/30/2023

Surrender necessary

yes

Staff member making appointment(s).

am

Send appointment email

no

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

05/25/2023

Time of appointment 1

02:30 pm

Outcome data

Admin notes

3/30/23- Called and left VM. AM
3/30/23- Owner called back and said he cannot take care of the dog anymore, but he has submitted 2 other surrender form and was a now show for the first appointment and never got back with us on the 2nd form. I stated to him that he needs to try rescues, social media and other forms of rehoming the pet and he needs to bring that proof to his appointment as well if he does not he is aware we will not take the dog. I told him about our policies and

procedures and cannot grantee any outcome and we made the appointment. AM