

Old LEASH pet surrender request form

First name

Annette

Last name

Hearn

Street address

1981 PATRIOT WAY

City

SAINT CLOUD

Zip code

34769

Email

calhearn@aol.com

Phone

(914) 837-1808

Reason for surrender

Unable to care for dog

My current living situation is...

I would rather not say.

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

Bailey

Animal 1 species

dog

Animal 1 dog breed

Shiatsu

Animal 1 size

21 - 30 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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

There's always and issue with Her eyes

Animal 1 photo



20211017_123342.jpg

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 food
- cost of vet care
- no time for care
- no longer want animal

Other reason not listed

I travel a lot

How we can help you keep your animals?

N/A

Administration

Shelter to client contact date

04/20/2023

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

04/20/2023

Admin notes

4/20/23 called and spoke to the owner when i informed her of our policies and that we cannot guaranty an outcome her said she no longer needed our help and that we should do better. DM

Final surrender outcome

not applicable