

Old LEASH pet surrender request form

First name

Linda

Last name

Souza

Street address

3355 mcdaniel rd duluth ga, Apartment 3406

City

Duluth

Zip code

30096

Email

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

Phone

(407) 535-6529

Reason for surrender

Cannit care anymore

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

Haze

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

31 - 40 lbs

Animal 1 gender

male

Has animal 1 been neutered?

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

Bumps on body

Just a few more questions...

How long have you had the animals?

5 + years

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

- moving
- no time for care

If moving, why can't pet(s) go?

Small apartment and baby

How we can help you keep your animals?

I am away for months of the year and need a resource to care for him while I am away.

Administration

Shelter to client contact date

05/05/2023

Surrender necessary

no

Staff member making appointment(s).

am

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Final call date

05/05/2023

Admin notes

4/21/23 CALLED AND LEFT VM DM  
5/5/23- Linda is not the owner of this dog and I told the owner she needs to fill out the application with her information. AM

Final surrender outcome

not applicable

Close ticket

yes