

Old LEASH pet surrender request form

First name

Hector

Last name

Iglesias

Street address

3544 Cayugas Loop

City

St Cloud

Zip code

34772

Email

heiglesias73@gmail.com

Phone

(407) 617-7491

Reason for surrender

Don't have the means to care for him.

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

Bentley

Animal 1 species

dog

Animal 1 dog breed

Schnauzer mix

Animal 1 size

11 - 20 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?

no

Has animal 1 ever bitten anybody?

no

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 food
- no time for care

How we can help you keep your animals?

i’ve seek help from the state. I have to be going to visit constantly their offices, I get home in the afternoon the dog stays home by himself I have no time to care for him.

Administration

Shelter to client contact date

04/24/2023

Surrender necessary

yes

Staff member making appointment(s).

CW

Send appointment email

no

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

05/30/2023

Time of appointment 1

10:30 am

Outcome data

Call outcome

surrendered to shelter

Final call date

04/24/2023

Admin notes

4/24/23 Owner does not have the time to provide or care for his pet. Owner was made aware of policies and procedures. C. Wildermuth