

Old LEASH pet surrender request form

First name

Krystal

Last name

Santiago

Street address

4135 flying fortress ave

City

Kissimmee

Zip code

Fl

Email

santiagokrystal@yahoo.com

Phone

(321) 443-8907

Reason for surrender

Dog is aggressive trues to bite anyone that gets close to him. Bit my roommate and me

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

Charlie

Animal 1 species

dog

Animal 1 dog breed

Cocker spaniel

Animal 1 size

21 - 30 lbs

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

1 - 2 years

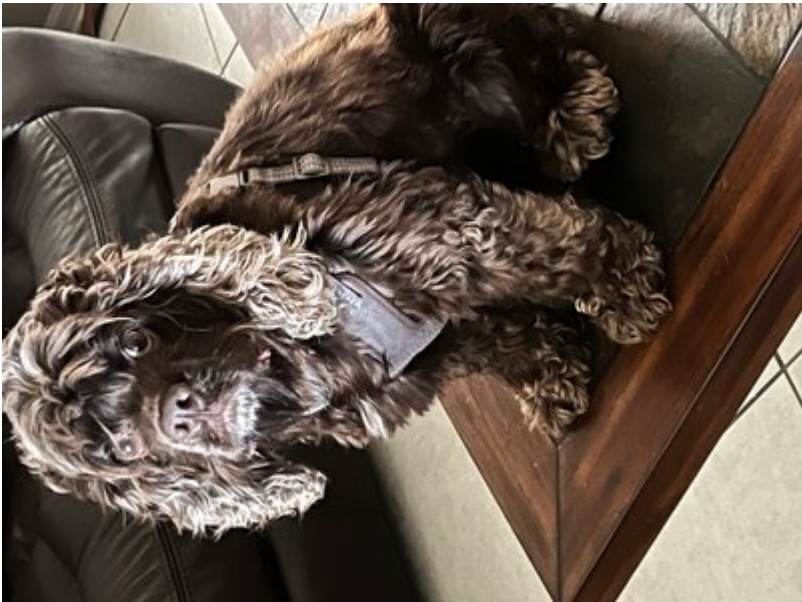
Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

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.

- behavior

Administration

Shelter to client contact date

05/10/2023

Surrender necessary

no

Staff member making appointment(s).

am

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

05/10/2023

Admin notes

5/2/23- Called and left VM. AM
5/10/23- Called and left VM. AM

Final surrender outcome

not applicable

Close ticket

yes