

Old LEASH pet surrender request form

First name

Luis

Last name

Maldonado

Street address

1597 Pine Marsh Loop

City

St. Cloud

Zip code

34771

Email

maldonado.danette@yahoo.com

Phone

(407) 780-0577

Reason for surrender

We are not able to no longer have the dog at our home.

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

Sheba

Animal 1 species

dog

Animal 1 dog breed

German Shepard

Animal 1 size

31 - 40 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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
- cost of vet care
- conflict with others
- no time for care
- no longer want animal

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

non responsive to contact/no show

Final call date

05/10/2023

Admin notes

5/5/23- VM is full. AM
5/10/23-VM is full. AM

Final surrender outcome

not applicable

Close ticket

yes