

Old LEASH pet surrender request form

First name

edward

Last name

Castillo

Street address

1504 Planters Point Rd

City

Kissimmee

Zip code

34744

Email

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

Phone

(347) 376-6292

Reason for surrender

Dog does not get along with my child

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

Ela

Animal 1 species

dog

Animal 1 dog breed

Cross lab

Animal 1 size

31 - 40 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?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo

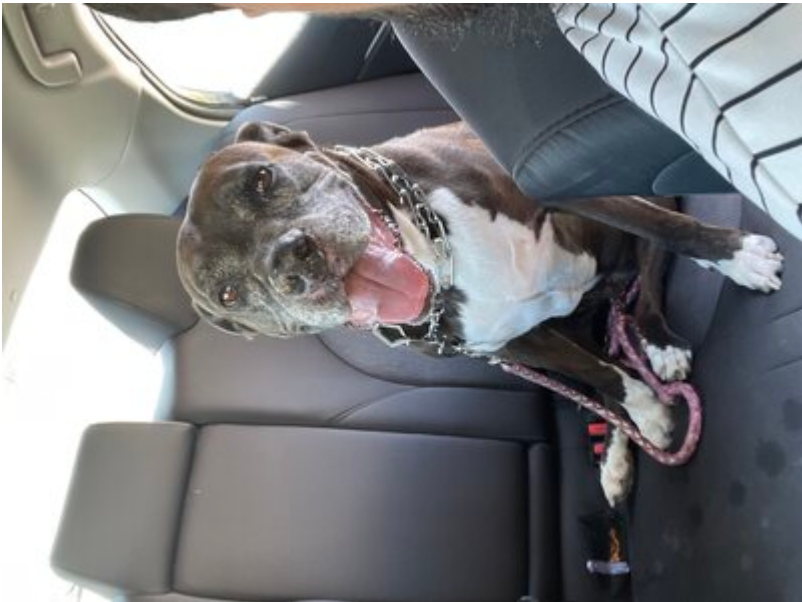


image (2).jpg

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

How we can help you keep your animals?

We can't doesn't get along with my child

Administration

Shelter to client contact date

05/10/2023

Surrender necessary

yes

Staff member making appointment(s).

am

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

05/16/2023

Time of appointment 1

02:30 pm

Outcome data

Admin notes

5/10/23- Called the owner and he stated that the dog has tried biting multiple times towards his son. I explained to Edward we would not be able to adopt a dog out that had tried biting in the past and i would only set up for a 300 appointment and Edward understood. am

Close ticket

no