

Old LEASH pet surrender request form

First name

Matthew

Last name

Chavel

Street address

3445 Edsel avenue

City

St. Cloud

Zip code

34772

Email

matt.chavel@hotmail.com

Phone

(407) 932-8168

Reason for surrender

Living situation

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

Taz

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

51 + lbs

Animal 1 gender

male

Has animal 1 been neutered?

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



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Just a few more questions...

How long have you had the animals?

5 + years

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

- allergies
- moving
- no time for care

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

Parents don't want him

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

5/10/23- Called and stated where i work and Mathew hung up.

Final surrender outcome

not applicable

Close ticket

yes