

Old LEASH pet surrender request form

First name

Christopher

Last name

Santiago

Street address

847 Franconville ct

City

Kissimmee

Zip code

34758

Email

[mchowdah@icloud.com](mailto:mchowdah@icloud.com)

Phone

(863) 368-4507

Reason for surrender

Found and can't keep

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

Toph

Animal 1 species

dog

Animal 1 dog breed

Pit Bull/ curr

Animal 1 size

11 - 20 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

9 - 12 months

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?

2 - 4 weeks

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

- no time for care

How we can help you keep your animals?

Unfortunately a family member is very ill. So our sudden move was to aid and help said family member. There's no way currently I can keep her.

Administration

Shelter to client contact date

05/24/2023

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

05/24/2023

Admin notes

5/11/23 called and left VM DM  
5/24/23 I spoke to the owner, and he found a new home for his dog, so he no longer needs our services DM

Final surrender outcome

not applicable

Close ticket

yes