

Old LEASH pet surrender request form

First name

Marilia

Last name

Cortes

Street address

3573 Rock Creek Ln

City

Kissimmee

Zip code

34744

Email

marilia.cortes02@gmail.com

Phone

(910) 682-7381

Reason for surrender

Ha mordido dos veces

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

Spencer

Animal 1 species

dog

Animal 1 dog breed

Border Collie/ Australian Sheppard

Animal 1 size

31 - 40 lbs

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- behavior
- no longer want animal

Administration

Shelter to client contact date

06/08/2023

Surrender necessary

yes

Staff member making appointment(s).

DM

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

06/15/2023

Time of appointment 1

10:00 am

Outcome data

Admin notes

6/1/23 CALLED AND LEFT VM DM
6/8/23 called and spoke to the owner she said the dog bit her husband and is food aggressive she has young babies in the home and does not want to take any chances, so she made an appointment for 300 DM

Close ticket

no