

Old LEASH pet surrender request form

First name

Dean

Last name

Goodwin

Street address

613 yak ct

City

Kissimmee

Zip code

34759

Email

[maintanenceman33@yahoo.com](mailto:maintanenceman33@yahoo.com)

Phone

(407) 236-6017

Reason for surrender

Starting to act aggressive and unable to continue to care for dog, documented for biting

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

Buddy

Animal 1 species

dog

Animal 1 dog breed

Unknown mix

Animal 1 size

51 + lbs

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

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 time for care

Administration

Shelter to client contact date

06/28/2023

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

08/08/2023

Time of appointment 1

10:00 am

Outcome data

Admin notes

6/21/23 called and left DM  
6/28/23 called and spoke to the owner and he said the dog is getting territorial and he is afraid that something might happen. he has posted the dog on social media and has contacted rescue groups and with the behavior that he describes no one can take him. he is aware of our policies and knows we cannot guarantee an outcome for his dog

Close ticket

no