# Old LEASH pet surrender request form

# First name

Michael

Last name Donnelly

Street address

2156 Betsy Ross lane

**City** St cloud

Zip code

34769

Email mikednth@gmail.com

**Phone** (407) 460-3888

Reason for surrender Not able to meet the animals needs with my busy schedule

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?

# Animal 1

Animal 1 name Duke

Animal 1 species

Animal 1 dog breed Pittbull

Animal 1 size

Animal 1 gender male

Has animal 1 been neutered? yes

Animal 1 age 9 - 12 months

**Does animal 1 have any known medical issues?** no

Has animal 1 ever bitten anybody?

Just a few more questions...

How long have you had the animals?

Osceola County Animal Services LEASH Pet Surrender Report

#### 2 - 4 weeks

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

• no time for care

# Administration

# Shelter to client contact date

06/21/2023

#### Surrender necessary

no

# Staff member making appointment(s).

DM

# Multiple appointments?

no

## Outcome data

**Call outcome** resolved by client

# Final call date

06/21/2023

# Admin notes

6/21/23 called and spoke to the owner and he is going to keep the dog, so they no longer need our services DM

#### Final surrender outcome

not applicable

# Close ticket

yes