

Old LEASH pet surrender request form

First name

Jose

Last name

Rivera

Street address

15249 Lafite Ln

City

Clermont

Zip code

34714

Email

jounsse@gmail.com

Phone

(689) 245-6175

Reason for surrender

small space can't take care of the dog

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

sparkle

Animal 1 species

dog

Animal 1 dog breed

beagle mix boxer

Animal 1 size

51 + lbs

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

3 - 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?

3 - 5 years

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

- behavior
- cost of food
- cost of vet care
- no time for care

Other reason not listed

baby on the way, no space.

How we can help you keep your animals?

n/a

Administration

Shelter to client contact date

07/12/2023

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Admin notes

7/12/23 duplicate DM

Final surrender outcome

not applicable

Close ticket

yes