

Old LEASH pet surrender request form

First name

Gina

Last name

Rojas

Street address

725 Chelsea Dr

City

Davenport

Zip code

33897

Email

ginadenisee@gmail.com

Phone

(407) 449-3547

Reason for surrender

Emergency, needs vet care

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

Ash

Animal 1 species

dog

Animal 1 dog breed

Golden retriever

Animal 1 size

51 + lbs

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

4 - 8 months

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

He has chronic diarrhea

Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- cost of vet care
- no time for care

Other reason not listed

He constantly has diarrhea fits, and it's cause me trouble at work..

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

resolved by client

Final call date

07/12/2023

Admin notes

7/12/23 called and spoke to the owner and she said she no longer needs our services DM

Final surrender outcome

not applicable

Close ticket

yes