

Old LEASH pet surrender request form

First name

Tonya

Last name

Tucker

Street address

2557 Baykal drive

City

Kissimmee

Zip code

34746

Email

mrsttucker3521@yahoo.vom

Phone

(863) 399-0017

Reason for surrender

Health condition (owner)

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

Max

Animal 1 species

dog

Animal 1 dog breed

Standard Poodle

Animal 1 size

31 - 40 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?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

2 - 3 months

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

- no time for care

Other reason not listed

Owner health condition

How we can help you keep your animals?

N/A
Owner diagnosed with health conditions and with doctors appointments and trying to work very hard to care for myself and dog

Administration

Shelter to client contact date

07/19/2023

Surrender necessary

no

Staff member making appointment(s).

dm

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Admin notes

7/13/23 called left VM DM

7/17/23 Called left message. C. Wildermuth
7/19/23 called and left VM DM

Final surrender outcome

not applicable

Close ticket

yes