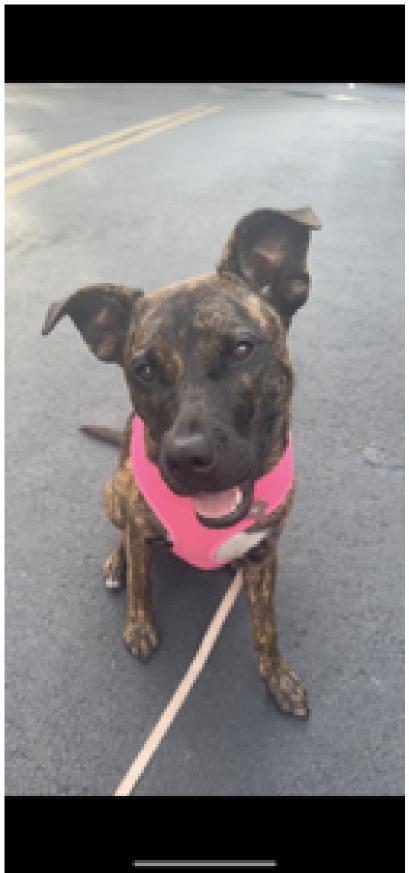
Old LEASH pet surrender request form

First name

Ashley
Last name Hanzelka
Street address 1355 Venezia Ct
City Davenport
Zip code 33896
Email ashleyelle@outlook.com
Phone (916) 792-9518
Reason for surrender new medical condition and treatment for me will prevent me from being able to take cate of puppy
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 Animal 1 name Ella
Animal 1 name
Animal 1 name Ella Animal 1 species
Animal 1 name Ella Animal 1 species dog Animal 1 dog breed
Animal 1 name Ella Animal 1 species dog Animal 1 dog breed boxer & australian shepherd Animal 1 size
Animal 1 name Ella Animal 1 species dog Animal 1 dog breed boxer & australian shepherd Animal 1 size 41 - 50 lbs Animal 1 gender
Animal 1 name Ella Animal 1 species dog Animal 1 dog breed boxer & australian shepherd Animal 1 size 41 - 50 lbs Animal 1 gender female Has the animal 1 been spayed?
Animal 1 name Ella Animal 1 species dog Animal 1 dog breed boxer & australian shepherd Animal 1 size 41 - 50 lbs Animal 1 gender female Has the animal 1 been spayed? yes Animal 1 age

Animal 1 photo



AB75CB92-9756-4BDD-9DEC-4ED3A7D9BD89.png

Just a few more questions...

How long have you had the animals?

1 to 2 weeks

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

allergies

Other reason not listed

 $new\ found\ medical\ condition\ of\ my\ own$

How we can help you keep your animals?

i may need a surgery that would not allow me to keep pet in home

Administration

Shelter to client contact date

07/20/2023

Surrender necessary

nο

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

07/20/2023

Admin notes

7/19/23 called and left VM DM 7/20/23 called and left VM DM

Final surrender outcome

not applicable

Close ticket

yes