

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?

1

Animal 1

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

9 - 12 months

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?

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

no

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