

Old LEASH pet surrender request form

First name

Emma

Last name

Ulery

Street address

1410 Carolina Ave

City

Saint Cloud

Zip code

34769

Email

emmauler03@gmail.com

Phone

(407) 361-8503

Reason for surrender

Living situation

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

Momo

Animal 1 species

dog

Animal 1 dog breed

Basenji

Animal 1 size

11 - 20 lbs

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

2 - 4 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

I do not know

Just a few more questions...

How long have you had the animals?

2 - 3 months

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

- allergies
- no time for care

Administration

Shelter to client contact date

07/20/2023

Surrender necessary

yes

Staff member making appointment(s).

DM

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

10/31/2023

Time of appointment 1

11:00 am

Outcome data

Admin notes

7/19/23 called and was hung up on DM
7/20/23 called and spoke to the owner and she said her sister is allergic and she would like to keep him and she is going to try and figure something out so she wanted a late appointment to give her some time to try and rehome the dog herself. she is aware of our policies and knows we cannot guarantee an outcome for her dog DM

Close ticket

no