

Old LEASH pet surrender request form

First name

Wanda

Last name

Montañez

Street address

875 Country Circle apt B

City

Kissimmee

Zip code

34744

Email

jenniferm39@yahoo.com

Phone

(407) 413-3881

Reason for surrender

Health reasons

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

Knuckles

Animal 1 species

dog

Animal 1 dog breed

Boxer mix

Animal 1 size

51 + lbs

Animal 1 color

unknown

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

5 years +

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?

5 + years

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

- allergies

Other reason not listed

Asthma

Administration

Shelter to client contact date

08/31/2023

Follow - up required

no

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

11/02/2023

Time of appointment 1

10:30 am

Outcome data

Call outcome

appointment made

Final call date

10/31/2023

Admin notes

8/29/23 called and left VM DM
8/31/23 owner called back and said the dog is too strong for her and she can't take care of it. she is going to call rescues and post on social media. she is aware of our policies and knows we cannot guarantee an outcome for her dog DM

Final surrender outcome

showed at final meeting

Close ticket

yes