

Old LEASH pet surrender request form

First name

Katherine

Last name

Newborn

Street address

3521 home town land

City

St. Cloud

Zip code

32746

Email

[kattstacks6969@gmail.com](mailto:kattstacks6969@gmail.com)

Phone

(252) 375-5177

Reason for surrender

Moving

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

Blue

Animal 1 species

dog

Animal 1 dog breed

Chi

Animal 1 size

21 - 30 lbs

Animal 1 color

unknown

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo

[recorded-16942808416492.mp4](#)

Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- moving

If moving, why can't pet(s) go?

Don't allow pets

Administration

Shelter to client contact date

08/31/2023

Follow - up required

no

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

08/31/2023

Admin notes

Owner No longer needs to surrender pet.

Final surrender outcome

called and cancelled

Close ticket

yes