

Old LEASH pet surrender request form

First name

Jody

Last name

Johnson

Street address

3880 Kaiser Avenue

City

Saint Cloud

Zip code

34772

Email

bvmkhhmom@yahoo.com

Phone

(407) 360-4175

Reason for surrender

medical condition, allergic to dog

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

Chewie

Animal 1 species

dog

Animal 1 dog breed

husky

Animal 1 size

51 + lbs

Animal 1 color

white and black

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

Animal 1 photo



[chewie.png](#)

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies

How we can help you keep your animals?

Due to a newly discovered medical condition, i am now allergic to pet dander and unable to keep my dog.

Administration

Shelter to client contact date

08/31/2023

Follow - up required

no

Follow up notes/actions needed 1

8/31/23 Left VM to call back. CH

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

10/23/2023

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Admin notes

P191975 A314406

Close ticket

no