

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

health issues (me, not the 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

Ella

Animal 1 species

dog

Animal 1 dog breed

boxer/australian shepherd

Animal 1 size

41 - 50 lbs

Animal 1 color

brindle

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



AAF13E34-6217-4904-80B0-183E57DD6589.jpeg

Just a few more questions...

How long have you had the animals?

2 - 3 months

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

- cost of food
- cost of vet care
- no time for care

Other reason not listed

my own personal health issues

How we can help you keep your animals?

Due to my health issues, I will not be able to physically care for my dog post surgery.

Administration

Shelter to client contact date

09/01/2023

Follow - up required

yes

Follow up notes/actions needed 1

9/1/23 Called and VM was Full. Sent Email to please call so we can make an appointment. CH

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

09/01/2023

Admin notes

Owner responded to email sent due to fact that phone was not going through and mail box was full. She stated that she found someone for the dog. CH

Final surrender outcome

called and cancelled

Close ticket

yes