

Old LEASH pet surrender request form

First name

Matthew

Last name

Soto

Street address

1491 alligator st

City

St Cloud

Zip code

34771

Email

matthew.soto91@yahoo.com

Phone

(407) 301-0167

Reason for surrender

Dog restrictions

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

Lola

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

51 + lbs

Animal 1 color

blue and white

Animal 1 gender

female

Has the animal 1 been spayed?

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



IMG\_9527.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- moving

Other reason not listed

Pet restrictions

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

Pet restrictions

How we can help you keep your animals?

Can't not many places will allow for this type of dog breed

Administration

Shelter to client contact date

09/01/2023

Follow - up required

no

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

11/07/2023

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Admin notes

Owner may call to cancel appointment. Stated he had a few people interested in his dog. Asked him to call and cancel the appointment if he is able to place her.

Close ticket

no