Old LEASH pet surrender request form

First name jonathan

Last name Raiman

City melbourne

Zip code 32904

Email

Street address 3545 suncrest dr

jman35536@gmail.com Phone (321) 591-0650 **Reason for surrender** work schedule, not enough time with the dog My current living situation is... I have a stable home. I have read and understood the pet rehome statement. About the animal(s) Number of animals to be discussed? Animal 1 Animal 1 name Merlin Animal 1 species Animal 1 dog breed pit bull mix Animal 1 size 11 - 20 lbs Animal 1 color white/brown Animal 1 gender Has animal 1 been neutered? yes Animal 1 age 9 - 12 months Does animal 1 have any known medical issues? Has animal 1 ever bitten anybody?

Animal 1 photo



image.jpg

Just a few more questions...

How long have you had the animals?

2 - 3 months

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

• no time for care

Other reason not listed

work schedule

Administration

Shelter to client contact date

09/06/2023

Follow - up required

no

Follow up notes/actions needed 1

9/6/23 Called and VM was not set up ... Sent email that we do not take out of county and to contact Brevard County. CH

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Final surrender outcome

called and cancelled

Close ticket

yes