

Old LEASH pet surrender request form

First name

Dana

Last name

Deane

Street address

5256 Wellington park circle

City

Orlando

Zip code

32839

Email

danadeane05@gmail.com

Phone

(434) 284-3422

Reason for surrender

I can't give him the care he needs and I can't lose my home

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

Kardos

Animal 1 species

dog

Animal 1 dog breed

German shepherd mix

Animal 1 size

51 + lbs

Animal 1 color

Brown

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



IMG_8569.jpeg

Just a few more questions...

How long have you had the animals?

1 week or less

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

- no time for care
- no longer want animal

Administration

Shelter to client contact date

09/07/2023

Follow - up required

no

Follow up notes/actions needed 1

9/7/23 Left VM to contact Orange county. CH

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Final call date

09/07/2023

Admin notes

9/7/23 out of county Left VM to contact Orange county Animal Services. That we would not be able to take their pet. CH

Final surrender outcome

called and cancelled

Close ticket

yes