

Old LEASH pet surrender request form

First name

Ericka

Last name

Marin

Street address

4624 Cheyenne Point Trl

City

Kissimmee

Zip code

34746

Email

ericka21_1010@yahoo.com

Phone

(407) 749-4773

Reason for surrender

Puppy born with spina bifida

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

Lucky

Animal 1 species

dog

Animal 1 dog breed

Boxer

Animal 1 color

Fawn

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

under 4 weeks

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Spina bifida

Just a few more questions...

How long have you had the animals?

1 week or less

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

- cost of vet care
- no time for care

Administration

Shelter to client contact date

09/11/2023

Follow - up required

yes

Follow up notes/actions needed 1

Waiting on Supervisor to let me know how they want to handle this one. CH

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Final call date

09/12/2023

Admin notes

9/12/23 Called and VM was full. Sent email that we recommend euthanasia and that she can call anytime. Also recommended she could reach out to boxer rescue. CH

Final surrender outcome

called and cancelled

Close ticket

yes