

Old LEASH pet surrender request form

First name

Renina

Last name

Millan

Street address

5182 Northern Flicker Drive, St. Cloud, FL, USA

City

Saint Cloud

Zip code

34771

Email

[reninap@gmail.com](mailto:reninap@gmail.com)

Phone

(845) 270-3080

Reason for surrender

Medical reasons

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

Falcor

Animal 1 species

dog

Animal 1 dog breed

Maltese

Animal 1 size

11 - 20 lbs

Animal 1 color

White

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

yes

Animal 1 explain medical issues

Skin and environmental allergies, anal glad issues, anxiety

Animal 1 photo



IMG\_0666.JPG

Just a few more questions...

How long have you had the animals?

5 + years

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

- allergies
- behavior
- cost of vet care
- conflict with others
- no time for care
- no longer want animal

Other reason not listed

Causing medical issues, allergies and constant barking at everything causing mental health issues

How we can help you keep your animals?

Owning a pet is no longer good for my health and well being.

Administration

Shelter to client contact date

09/12/2023

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

10/03/2023

Time of appointment 1

10:00 am

Outcome data

Call outcome

surrendered to shelter

Final call date

09/12/2023

Admin notes

Ok'd per Miranda because of the dog being a small dog we should be able to move this dog fast.

Final surrender outcome

showed at final meeting

Close ticket

yes