

Old LEASH pet surrender request form

First name

Jacob

Last name

Dearmond

Street address

3190 cedar hammock ct

City

St. Cloud

Zip code

34772

Email

dearmondjacob0021@gmail.com

Phone

(321) 402-4097

Reason for surrender

Can't afford medicine for my dog and home alone 10-12 hours a day due to my separation of relationship

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

Axel

Animal 1 species

dog

Animal 1 dog breed

Pit mastiff mix

Animal 1 size

51 + lbs

Animal 1 color

Brindle

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?

no

Animal 1 explain medical issues

Bad allergies

Just a few more questions...

How long have you had the animals?

5 + years

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

- allergies
- cost of vet care
- no time for care

How we can help you keep your animals?

He is the best dog in the world great with other small animals and cats for sure , just don't have the money for vet bills and allergy medication , also am gone from home 10-12 hours a day due to work so I don't have the time for care .

Administration

Shelter to client contact date

09/12/2023

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

09/12/2023

Admin notes

9/12/23 Called owner informed him we are booked out until the beginning of next year opted not to make an appointment and would figure out something else. C. Wildermuth

Final surrender outcome

called and cancelled

Close ticket

yes