

Old LEASH pet surrender request form

First name

Katelyn

Last name

Butler

Street address

133 jaybee ave

City

davenport

Zip code

33897

Email

[katelyn\\_merp@icloud.com](mailto:katelyn_merp@icloud.com)

Phone

(863) 242-5692

Reason for surrender

sick/ original owner no longer able to care

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

Lady

Animal 1 species

dog

Animal 1 dog breed

mutt

Animal 1 size

41 - 50 lbs

Animal 1 color

brindle

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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

unsure/ unable to afford any medical bills

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

5 + years

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

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

Other reason not listed

original owner is unable

If moving, why can't pet(s) go?

original owner now has other dogs with roommate, I am unable and possibly moving out of state

How we can help you keep your animals?

n/a

Administration

Shelter to client contact date

09/12/2023

Follow - up required

no

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 Lives in Polk County. Explained she would have to reach out to Polk County Animal Services. CH

**Final surrender outcome**

not applicable

**Close ticket**

yes