

Old LEASH pet surrender request form

First name

Phil

Last name

Arroyo

Street address

3726 Dawn Ave

City

Kissimmee

Zip code

34744

Email

parroyo1960@gmail.com

Phone

(407) 952-7668

Reason for surrender

medical just came out of hospital cannot care for dog

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

K

Animal 1 species

dog

Animal 1 dog breed

Boxer pit mix

Animal 1 size

51 + lbs

Animal 1 color

black and white

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

Other reason not listed

unable to care for animal due to health reasons

Administration

Shelter to client contact date

09/21/2023

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

02:00 pm

Outcome data

Call outcome

appointment made

Final call date

09/21/2023

Admin notes

9/21/23 Made appointment early because man is 75 and just came out of hospital. Claims he is unable to walk and care for the dog any longer and dog likes to escape. Filled out form online for him. CH

Close ticket

no