

Old LEASH pet surrender request form

First name

Joseph

Last name

Austin

Street address

1843 Lillian Drive

City

St. Cloud

Zip code

34771

Email

Austinjoey1990@gmail.com

Phone

(321) 805-9485

Reason for surrender

Cannot care for him and no longer have the time after switching jobs

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

Odin

Animal 1 species

dog

Animal 1 dog breed

American red nose pitbull

Animal 1 size

41 - 50 lbs

Animal 1 color

Red

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

4 - 8 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- no time for care

Administration

Shelter to client contact date

10/12/2023

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

02/08/2024

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Final call date

10/12/2023

Close ticket

no