

Old LEASH pet surrender request form

First name

Bethany

Last name

Ortiz

Street address

524 Delaware Ave

City

Saint Cloud

Zip code

34769

Email

shalene.beth20@hotmail.com

Phone

(407) 861-6965

Reason for surrender

Can't afford and behavioral issues

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

Roddie

Animal 1 species

dog

Animal 1 dog breed

Rottweiler

Animal 1 size

51 + lbs

Animal 1 color

Black and Brown

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

Animal 1 photo



IMG_0468.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies
- behavior
- cost of food
- cost of vet care
- conflict with others
- no time for care

How we can help you keep your animals?

I cant

Administration

Shelter to client contact date

10/17/2023

Follow - up required

yes

Follow up notes/actions needed 1

Left VM to call back .. looking to schedule 2/1

Agent initials follow up 1

Hardy

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

02/01/2024

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Final call date

10/17/2023

Close ticket

no