

Old LEASH pet surrender request form

First name

Dantwan

Last name

Waller

Street address

274 Indian Point Cir

City

Kissimmee

Zip code

34746

Email

[kiathebest11@gmail.com](mailto:kiathebest11@gmail.com)

Phone

(689) 680-9305

Reason for surrender

House owner doesn’t want him in the house anymore

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

Thunder

Animal 1 species

dog

Animal 1 dog breed

Pitbull/Catahoula

Animal 1 size

21 - 30 lbs

Animal 1 color

Brindle

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

10/20/2023

Follow - up required

yes

Follow up notes/actions needed 1

Left VM to call back

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

01/22/2024

Time of appointment 1

03:00 pm

Outcome data

Call outcome

appointment made

Final call date

10/20/2023

Close ticket

no