# Old LEASH pet surrender request form

# First name

Michael

Last name Starnes

Street address 4104 W Vine St

City

Kissimmee

**Zip code** 34742

Email goldbcrash02@yahoo.com

**Phone** (407) 912-5355

Reason for surrender

Homeless

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 Snickers

Animal 1 species

Animal 1 dog breed Don't know

Animal 1 size 31 - 40 lbs

Animal 1 color Black

Animal 1 gender male

Has animal 1 been neutered? no

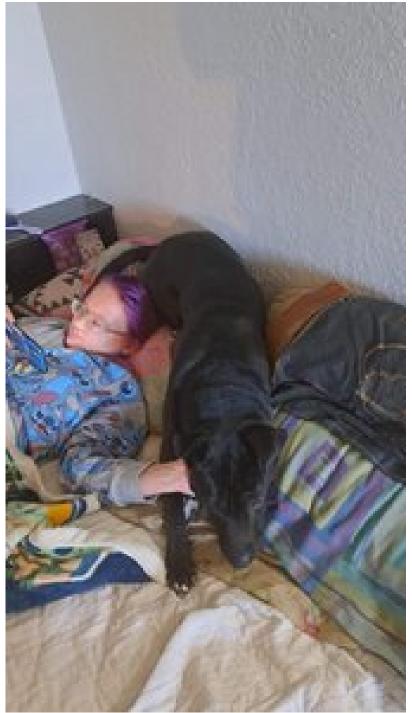
Animal 1 age 1 - 2 years

Does animal 1 have any known medical issues?

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?

1 - 2 years

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

• homeless

How we can help you keep your animals? Can't have the dog in the hotel

### Administration

Shelter to client contact date 10/26/2023

Follow - up required

Surrender necessary

Staff member making appointment(s). hardy Osceola County Animal Services LEASH Pet Surrender Report

## Multiple appointments?

no

#### **Outcome data**

Call outcome resolved by client

**Final call date** 10/26/2023

#### Admin notes

10/26 Said they had to get rid of the dog now or be out of the Hotel. Did not want the appointment. CH

# Final surrender outcome

resolved by client

# Close ticket

yes