

Old LEASH pet surrender request form

First name

Angela

Last name

Mains

Street address

207 Magellan Drive

City

Kissimmee

Zip code

34758

Email

luvmyzoo2@gmail.com

Phone

(407) 638-0713

Reason for surrender

Illnesses of owners

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

Bronson

Animal 1 species

dog

Animal 1 dog breed

Husky mix

Animal 1 size

51 + lbs

Animal 1 color

Tan

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

1 - 2 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?

4 months to 1 year

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

- behavior
- no longer want animal

Other reason not listed

Illnesses of owners

How we can help you keep your animals?

Dog is too strong for us to control he breaks away from us.

Administration

Shelter to client contact date

11/16/2023

Follow - up required

yes

Follow up notes/actions needed 1

Phone rang busy ... Sent email to call us

Agent initials follow up 1

CHardy

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

01/12/2024

Final surrender outcome

not applicable

Close ticket

yes