Old LEASH pet surrender request form

First name Leishla Last name Soto Street address 3315 Kaleigh Court City St. Cloud Zip code 34772 **Email** lannesoto@gmail.com Phone (407) 309-0734 **Reason for surrender** Not friendly towards other pets My current living situation is... I have a stable home. I have read and understood the pet rehome statement. About the animal(s) Number of animals to be discussed? Animal 1 Animal 1 name Cuddles Animal 1 species

Animal 1 dog breed

Pitbull Mix

Animal 1 size

41 - 50 lbs

Animal 1 color

Blonde

Animal 1 gender

Has the animal 1 been spayed?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

Has animal 1 ever bitten anybody?

Animal 1 photo



IMG_20230320_231119.jpg

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
- has too many pets
- conflict with others

How we can help you keep your animals?

We can't keep the dog. It fights with my pet cat and I fear I want be there to save her if the dog attacks again.

Administration

Shelter to client contact date

11/27/2023

Follow - up required

no

Surrender necessary

ves

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

nn

Appointment 1

Date of appointment 1

03/26/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

11/27/2023

Close ticket

no