

Old LEASH pet surrender request form

First name

Amanda

Last name

Robinson

Street address

733 Adriane Park Circle

City

Kissimmee

Zip code

34744

Email

[amandarobinson824@yahoo.com](mailto:amandarobinson824@yahoo.com)

Phone

(407) 350-9210

Reason for surrender

I am unfortunately facing the issue of either providing food for my family or for the pets. I have four children and am going through a divorce and unfortunately have been left with three large dogs to care for which is a huge financial and mental strain. I will be able to keep one dog but I need to surrender at least one of the dogs.

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

Wilbur

Animal 1 species

dog

Animal 1 dog breed

American Bulldog

Animal 1 size

51 + lbs

Animal 1 color

white and black

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

skin tags, allergies

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- cost of food
- cost of vet care

Administration

Shelter to client contact date

02/23/2024

Follow - up required

no

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

04/02/2024

Time of appointment 1

02:00 pm

Outcome data

Call outcome

appointment made

Final call date

02/23/2024

Admin notes

Email

Close ticket

no