

Old LEASH pet surrender request form

First name

Mary

Last name

Alderman

Street address

P. O. Box 700783

City

St. Cloud

Zip code

34770

Email

[aldermap5518@gmail.com](mailto:aldermap5518@gmail.com)

Phone

(407) 709-0515

Reason for surrender

Behavioral Issues & Owner Health Issues

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

Riley

Animal 1 species

dog

Animal 1 dog breed

Morkie

Animal 1 color

Cream & White

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

Animal 1 photo



IMG\_0346.jpg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- behavior
- no time for care
- no longer want animal

Other reason not listed

Riley has behavioral issues that are difficult for me as a senior to handle along with my caring for my 91 year old father

How we can help you keep your animals?

I am a senior citizen and am caring for my 91 year old father who has health issues and think it would be in the best interest of Riley to have a younger family to give him the attention he deserves and/or a family with an older dog that could help with his issues.

Administration

Shelter to client contact date

04/02/2024

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

05/20/2024

Time of appointment 1

12:30 pm

Outcome data

Call outcome

appointment made

Final call date

04/02/2024

Admin notes

rescheduled appointment from 5/2/24 due to space. CH

Close ticket

no