

Old LEASH pet surrender request form

First name

Abigail

Last name

Wheeler

Street address

547 Neptune Bay Circle

City

St.Cloud

Zip code

34769

Email

wheelerabigail1@gmail.com

Phone

(321) 697-8549

Reason for surrender

Doesn't get along with cat, can't afford, not enough space or time

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

Wasabi

Animal 1 species

dog

Animal 1 dog breed

Pit bull mix

Animal 1 size

31 - 40 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

Animal 1 photo



IMG\_2412.jpeg

Just a few more questions...

How long have you had the animals?

2 - 4 weeks

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

- ☒ behavior
- ☒ cost of vet care
- ☒ has too many pets
- ☒ moving
- ☒ pending eviction
- ☒ no time for care

If moving, why can't pet(s) go?

Apartment doesn't accept

How we can help you keep your animals?

I cannot keep him

Administration

Shelter to client contact date

03/23/2024

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

05/20/2024

Time of appointment 1

12:30 pm

Outcome data

Call outcome

appointment made

Final call date

03/23/2024

Admin notes

04-30-24 an email was sent to let her know her new appt is on 05-20-24// la

Close ticket

no