

Old LEASH pet surrender request form

First name

Elizabeth

Last name

Montero

Street address

3860 Marietta Way

City

Saint Cloud

Zip code

34772

Email

elizabethallesmontero@yahoo.com

Phone

(321) 402-3284

Reason for surrender

DCF

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?

2

Animal 1

Animal 1 name

King

Animal 1 species

dog

Animal 1 dog breed

Husky

Animal 1 size

31 - 40 lbs

Animal 1 color

Black

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 2

Animal 2 name

Lucy

Animal 2 species

dog

Animal 2 dog breed

Golden retriever

Animal 2 size

21 - 30 lbs

Animal 2 color

Brown

Animal 2 gender

female

Has animal 2 been spayed?

yes

Animal 2 age

3 - 5 years

Animal 2 personality

- good with dogs/cats
- good with dogs
- good with cats
- good with small children

Animal 2 personality

good with small children

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

Administration

Shelter to client contact date

04/04/2024

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

05/21/2024

Time of appointment 1

11:00 am

Outcome data

Call outcome

appointment made

Final call date

04/04/2024

Close ticket

no