

Old LEASH pet surrender request form

First name

John

Last name

Palacio

Street address

6405 Sprucepine Ln

City

St. Cloud

Zip code

34771

Email

mateo094@hotmail.com

Phone

(407) 402-1490

Reason for surrender

Medical expenses

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

Sam

Animal 1 species

dog

Animal 1 dog breed

GSD

Animal 1 size

51 + lbs

Animal 1 color

Tan/Black

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_4805.jpeg

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.

- allergies
- behavior

How we can help you keep your animals?

I cannot afford medical expenses for his needs and is developing concerning behaviors due to his past

Administration

Shelter to client contact date

04/04/2024

Follow - up required

yes

Follow up notes/actions needed 1

john was not home

Agent initials follow up 1

DM

Follow up notes/actions needed 2

JOHN WAS NOT HOME

Agent initials follow up 2

DM

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

04/09/2024

Admin notes

4/4/24 I called and spoke to a man that said john was not there. I asked if they could have him call us back concerning his owner surrender form, he filled out. the man on the phone said something I could not make out and hung up the phone DM.
4/9/24 JOHN NEVER CALLED BACK I CALLED AGAIN AND JOHN IS NOT HOME DM

Final surrender outcome

not applicable

Close ticket

yes