# Old LEASH pet surrender request form

First name

Ralph

Last name Quinones

Street address

1415

**City** Lakeshore

**Zip code** 33854

Email ralphq1@live.com

**Phone** (863) 241-3323

Reason for surrender

No longer able

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

Animal 1 species

Animal 1 dog breed Husky

Animal 1 size

Animal 1 color White/black

Animal 1 gender male

Has animal 1 been neutered? no

Animal 1 age 1 - 2 years

Does animal 1 have any known medical issues?

Has animal 1 ever bitten anybody? yes

#### Animal 1 photo



IMG\_0697.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.

• behavior

#### Administration

Shelter to client contact date 04/05/2024

Follow - up required

Multiple appointments? no

#### **Outcome data**

**Call outcome** referred to other resources

Admin notes 4/5/24 out of county DM

Final surrender outcome not applicable

Close ticket yes