Old LEASH pet surrender request form

First name
Tristyana

Last name
VanAlstine

Street address
8411 Hemlig Street

City
Kissimmee

Zip code
34747

Email
t.rist96@icloud.com

Phone
(786) 740-4713

Reason for surrender
Unable to care for him.

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
Mochi

Animal 1 species
dog

Animal 1 dog breed
Shih Tzu

Animal 1 size
11 - 20 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?
yes

Has animal 1 ever bitten anybody?
no

Animal 1 explain medical issues

Seizures

Animal 1 photo

IMG_20231124_5846fb7.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- cost of vet care
- insurance
- no time for care

Other reason not listed

Illnesses

How we can help you keep your animals?

I am physically unable to care for him. He's much older now and requires extra care. I work 17 hours a day which is too much time away from him. I love him endlessly but it would be selfish to hold onto him knowing he needs more than I can give.

Administration

Shelter to client contact date

04/09/2024

Follow - up required

yes

Follow up notes/actions needed 1

leave a voice message to call us back

Agent initials follow up 1

leonor

Follow up notes/actions needed 2

LEFT VM

Agent initials follow up 2

DM

Surrender necessary

no

Staff member making appointment(s).

DM \ Hardy

Multiple appointments?

no

Outcome data

Call outcome

client declined surrender/300

Final call date

04/09/2024

Admin notes

4/9/24 CALLED AND LEFT VM DM

4/9/24 Recommended Euthanasia because of Seizures. Explained she should reach out to the rescue she got the dog from to see if they would take the dog back. CH

Final surrender outcome

not applicable

Close ticket

yes