

Old LEASH pet surrender request form

First name

Tracy

Last name

Mccauley

Street address

9420 Atlanta dr

City

Saint Cloud

Zip code

34773

Email

specolymom@gmail.com

Phone

(321) 307-0157

Reason for surrender

He does not like our health stricken son

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

Joe

Animal 1 species

dog

Animal 1 dog breed

Boxer

Animal 1 size

51 + lbs

Animal 1 color

Fawn

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_3362.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- behavior

Administration

Shelter to client contact date

04/10/2024

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

dm

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

04/11/2024

Time of appointment 1

02:00 pm

Outcome data

Call outcome

appointment made

Admin notes

4/10/24 called and spoke to the owner and she said the dog keeps growling at her son that is 32and disabled . the dog has also attacked their smaller dog in the past, but no one was bit or injured. she made an appointment for 300 DM.

Close ticket

no