

Old LEASH pet surrender request form

First name

Christopher

Last name

Kneemiller

Street address

920 Louvre ct

City

Kissimmee

Zip code

34759

Email

skneemiller@gmail.com

Phone

(314) 537-6646

Reason for surrender

Daughter has allergies/behavior

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

Cooper Pupp

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

41 - 50 lbs

Animal 1 color

White and 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?

yes

Animal 1 photo



IMG_0168.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies
- behavior

How we can help you keep your animals?

Due to my daughter’s allergies we cannot. They keep getting worse.

Administration

Shelter to client contact date

04/16/2024

Follow - up required

yes

Follow up notes/actions needed 1

sent email no phone number on file

Agent initials follow up 1

LA

Agent initials follow up 2

LA

Surrender necessary

yes

Staff member making appointment(s).

yes

Send appointment email

yes

Send wait time notice

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

07/09/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

04/17/2024

Admin notes

04-17-24 called owner schedule appt//la

Final surrender outcome

not applicable

Close ticket

yes