

Old LEASH pet surrender request form

First name

Michael

Last name

Tanksley

Street address

4630 A St

City

Saint Cloud

Zip code

34772

Email

[ironmike32277@gmail.com](mailto:ironmike32277@gmail.com)

Reason for surrender

Owner moved

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?

2

Animal 1

Animal 1 name

Jada

Animal 1 species

dog

Animal 1 dog breed

Pitbull

Animal 1 size

31 - 40 lbs

Animal 1 color

Black

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 2

Animal 2 name

Cinnamon

Animal 2 species

dog

Animal 2 dog breed

Pitbull

Animal 2 size

41 - 50 lbs

Animal 2 color

Brindle

Animal 2 gender

female

Has animal 2 been spayed?

no

Animal 2 age

1 - 2 years

Animal 2 personality

- none of the above

Animal 2 personality

none of the above

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- behavior
- citations

Administration

Shelter to client contact date

04/30/2024

Follow - up required

no

Follow up notes/actions needed 1

no phone number ... sent email to call us

Agent initials follow up 1

Hardy

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

07/17/2024

Time of appointment 1

04:00 pm

Outcome data

Call outcome

appointment made

Final call date

04/30/2024

Close ticket

no