

Old LEASH pet surrender request form

First name

Katlin

Last name

Lopez

Street address

3610 Charmed Ln

City

Saint Cloud

Zip code

34772

Email

katlin.lopez95@gmail.com

Phone

(224) 623-3761

Reason for surrender

My mom passed away recently. She has a dog and I have no one that will take him. I can't care for him either.

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

Lucky

Animal 1 species

dog

Animal 1 dog breed

Chihuahua mix

Animal 1 size

11 - 20 lbs

Animal 1 color

Black

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Torn ACL

Animal 1 photo



IMG_6582.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- behavior
- cost of vet care
- no time for care

How we can help you keep your animals?

I work long hours with no one else at home to help take care of him.

Administration

Shelter to client contact date

05/02/2024

Follow - up required

yes

Follow up notes/actions needed 1

left VM to call back

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

07/22/2024

Time of appointment 1

12:00 pm

Outcome data

Call outcome

appointment made

Final call date

05/02/2024

Close ticket

no