

Old LEASH pet surrender request form

First name

Arnold

Last name

Roman

Street address

5290 Sliver Thistle Ln

City

St Cloud Florida

Zip code

34772

Email

brotherarn@hotmail.com

Phone

(347) 612-9114

Reason for surrender

I'm suffer from anxiety. I thought the dog would help me but it's making my condition worse.

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

Princess

Animal 1 species

dog

Animal 1 dog breed

Pit-mix

Animal 1 size

51 + lbs

Animal 1 color

Black and white tuxedo coat

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_0543.jpg

Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- cost of food
- conflict with others
- pending eviction
- no time for care
- no longer want animal

Administration

Shelter to client contact date

05/07/2024

Follow - up required

yes

Follow up notes/actions needed 1

sent email

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

08/19/2024

Time of appointment 1

12:00 pm

Outcome data

Call outcome

appointment made

Final call date

05/22/2024

Close ticket

no