

Old LEASH pet surrender request form

First name

Oscarina

Last name

Bencosme

Street address

3306 Ann Arbor ct

City

St. Cloud

Zip code

34772

Email

oscarinab@gmail.com

Phone

(917) 213-0414

Reason for surrender

Unable to provide

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?

2

Animal 1

Animal 1 name

Whiskey

Animal 1 species

dog

Animal 1 dog breed

Lab

Animal 1 size

41 - 50 lbs

Animal 1 color

Chocolate

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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\_7442.jpeg

Animal 2

Animal 2 name

Tobacco

Animal 2 species

dog

Animal 2 dog breed

Germán shepard

Animal 2 size

41 - 50 lbs

Animal 2 color

Black/brown

Animal 2 gender

female

Has animal 2 been spayed?

no

Animal 2 age

3 - 5 years

Animal 2 personality

- good with dogs
- good with small animals
- good with small children

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo



IMG\_7447.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
- no time for care

Administration

Shelter to client contact date

05/07/2024

Follow - up required

no

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

07/24/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

05/07/2024

Close ticket

no