

Old LEASH pet surrender request form

First name

Dante

Last name

Mancini

Street address

309 Mariana Way

City

Kissimmee

Zip code

34758

Email

danteman1323@gmail.com

Phone

(954) 766-5151

Reason for surrender

Unable to care for her properly

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

Nakita

Animal 1 species

dog

Animal 1 dog breed

Belgium Malinois mix

Animal 1 size

51 + lbs

Animal 1 color

Black

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_1318.jpeg

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
- cost of vet care

Other reason not listed

My medical issues

How we can help you keep your animals?

I am a disabled veteran and I wanted her to be trained to be a service dog unfortunately the VA decided not to pay for the training and I am unable to pay the \$2,600 for it. I suffer from deteriorating disc disease and stenosis.

Administration

Shelter to client contact date

05/09/2024

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

TF

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

07/25/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Admin notes

OWNER WILL ATTEMPT TO REACH OUT TO NON PROFIT TRAINING FACILITIES FOR VETS NEEDING SERVICE DOGS / OWNER SUBMITTING ANOTHER APPLICATION FOR FOOD AND VET CARE ASSISTANCE / OWNER MAY COME INTO SHELTER 05/10 FOR FOOD / IF ISSUE RESOLVED OWNER WILL CALL BACK AND CANCEL -TF

Close ticket

no