

Old LEASH pet surrender request form

First name

Melissa

Last name

Segreaves

Street address

3255 Lorimar Ln

City

St Cloud

Zip code

34772

Email

mseg67@gmail.com

Phone

(407) 572-1638

Reason for surrender

Behavioral issues

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

Cardi

Animal 1 species

dog

Animal 1 dog breed

Husky/Catahoula Leppard Dog

Animal 1 size

41 - 50 lbs

Animal 1 color

Black with Tan/Fawn

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

9 - 12 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



Cardi 3.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.

- behavior
- no time for care
- no longer want animal

Other reason not listed

I love her just cannot care for her

How we can help you keep your animals?

Not possible

Administration

Shelter to client contact date

05/09/2024

Follow - up required

yes

Follow up notes/actions needed 1

CALLED AND LEFT A VOICEMAIL

Agent initials follow up 1

TF

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

08/06/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

05/10/2024

Close ticket

no