Old LEASH pet surrender request form

First name Kandaace

Last name Clarke

City St. Cloud

Zip code

Street address 1810 Blount Trail

34769 **Email** kandy49@icloud.com Phone (405) 596-1409 **Reason for surrender** Toddler at home, unable to provide quality time and care My current living situation is... I have a stable home. I have read and understood the pet rehome statement. About the animal(s) Number of animals to be discussed? Animal 1 Animal 1 name Glory Animal 1 species Animal 1 dog breed Boxer/terrier mix Animal 1 size 41 - 50 lbs Animal 1 color Golden brown Animal 1 gender Has the animal 1 been spayed? Animal 1 age 5 years + Does animal 1 have any known medical issues? Has animal 1 ever bitten anybody?

Animal 1 photo



IMG_4575.jpeg

Just a few more questions...

How long have you had the animals?

5 + years

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

• no time for care

How we can help you keep your animals?

I'd love to keep her, but I have a toddler with special needs and a spouse who travels weekly for work. It's becoming way more than I can handle.

Administration

Shelter to client contact date

05/15/2024

Follow - up required

yes

Follow up notes/actions needed 1

leave a voice message to call us back//la

Agent initials follow up 1

LA

Staff member making appointment(s).

no

Multiple appointments?

no

Outcome data

Admin notes

05-15-24 leave a voice message to call us back //la

Osceola County Animal Services LEASH Pet Surrender Report

Final surrender outcome

not applicable

Close ticket

yes