

Old LEASH pet surrender request form

First name

Ameerah

Last name

Murray

Street address

2892 Spring Breeze Way

City

Kissimmee

Zip code

34744

Email

[ameerah.whitaker@gmail.com](mailto:ameerah.whitaker@gmail.com)

Phone

(267) 975-4389

Reason for surrender

Unable to adequately care for my dog due to travel and lack of support.

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

Shdba

Animal 1 species

dog

Animal 1 dog breed

Black Lab

Animal 1 size

41 - 50 lbs

Animal 1 color

Black

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

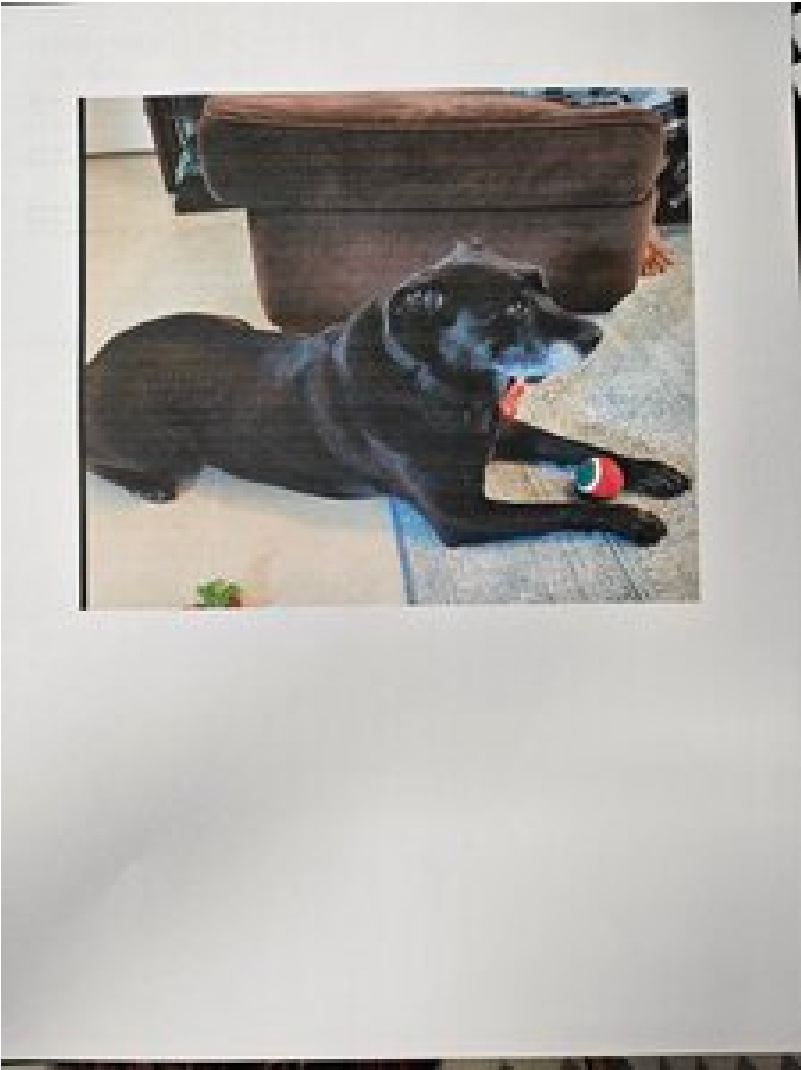
Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



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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

Administration

Follow - up required

no

Surrender necessary

no

Staff member making appointment(s).

TF

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Final call date

05/29/2024

Admin notes

OWNER STATED DOG IS DOG AGGRESSIVE / ADVISED OWNER WE DO NOT ADOPT OUT DOG AGGRESSIVE DOGS / REFERRED OWNER TO HAPPY TRAILS FOR REHOME PROGRAM.

Final surrender outcome

resolved by client

**Close ticket**

yes