

Old LEASH pet surrender request form

First name

Sophia

Last name

Ortiz

Street address

4940 silver thistle ln

City

St.Cloud

Zip code

34772

Email

ortizsophia9174@gmail.com

Phone

(407) 369-3544

Reason for surrender

We cannot provide our dog with the time and attention it needs.

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

Astra

Animal 1 species

dog

Animal 1 dog breed

Siberian Husky

Animal 1 size

41 - 50 lbs

Animal 1 color

Black and white

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Front right paw toe has been amputated

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- behavior
- cost of vet care
- no time for care

Administration

Shelter to client contact date

07/02/2024

Follow - up required

yes

Follow up notes/actions needed 1

LEFT A VOICEMAIL

Agent initials follow up 1

TF

Follow up notes/actions needed 2

call lvm

Agent initials follow up 2

la

Multiple appointments?

no

Outcome data

Admin notes

07-09-24 called left a message to call us back

Close ticket

no