

Old LEASH pet surrender request form

First name

Bready

Last name

Semidey

Street address

6440 Fig Leaf Street

City

SAINT CLOUD

Zip code

34771

Email

SEMIDEY1192@GMAIL.COM

Phone

(407) 376-5713

Reason for surrender

Behavior

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

Lexi

Animal 1 species

dog

Animal 1 dog breed

Pitbull mix

Animal 1 size

51 + lbs

Animal 1 color

Tan

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- behavior
- conflict with others

How we can help you keep your animals?

We have tried everything in our power to train her but she still destroys everything she finds, she doesn't obey commands, she barks day and night, urinating everywhere and it is sad to have to put her on time out so many times. If she behaved I would happily stay with her.

Administration

Shelter to client contact date

07/03/2024

Follow - up required

no

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

10/03/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

07/03/2024

Close ticket

no