

Old LEASH pet surrender request form

First name

Christina

Last name

Allen

Street address

11414 e irlo bronson memorial highway

City

st cloud

Zip code

34773

Email

christinaallen452@gmail.com

Phone

(813) 665-5715

Reason for surrender

i can no longer have them i will be evicted

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?

2

Animal 1

Animal 1 name

spud

Animal 1 species

dog

Animal 1 dog breed

pit

Animal 1 size

51 + lbs

Animal 1 color

brendal

Animal 1 gender

male

Has animal 1 been neutered?

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



image.jpg

Animal 2

Animal 2 name

tank

Animal 2 species

dog

Animal 2 dog breed

pit

Animal 2 size

51 + lbs

Animal 2 color

red

Animal 2 gender

male

Has animal 2 been neutered?

yes

Animal 2 age

5 years +

Animal 2 personality

- good with dogs/cats
- good with dogs
- good with cats
- good with small animals
- good with small children
- none of the above

Animal 2 personality

good with dogs/cats

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo

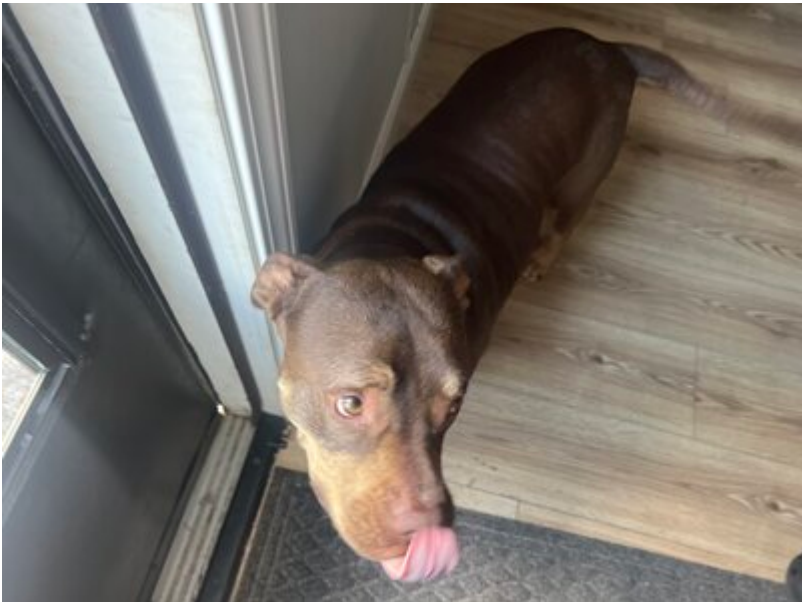


image (1).jpg

Just a few more questions...

How long have you had the animals?

5 + years

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

- conflict with others

Other reason not listed

landlord says i can't have them any longer

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

10/16/2024

Time of appointment 1

10:30 am

Outcome data

Call outcome

appointment made

Final call date

07/03/2024

Close ticket

no