

Old LEASH pet surrender request form

First name

Elisa

Last name

Romero

Street address

1817 6th Street

City

Saint Cloud

Zip code

34769

Email

[elisamarie0713@yahoo.com](mailto:elisamarie0713@yahoo.com)

Phone

(265) 265-0350

Reason for surrender

Living with a family member and they don't want my dogs living here

My current living situation is...

I have been evicted and do not have a 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

Gizmo

Animal 1 species

dog

Animal 1 dog breed

beagle mix

Animal 1 size

11 - 20 lbs

Animal 1 color

Oden

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 2

Animal 2 name

Oden

Animal 2 species

dog

Animal 2 dog breed

American Bully

Animal 2 size

41 - 50 lbs

Animal 2 color

tan

Animal 2 gender

male

Has animal 2 been neutered?

no

Animal 2 age

3 - 5 years

Animal 2 personality

- good with dogs

Animal 2 personality

good with dogs

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

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
- homeless
- no time for care

How we can help you keep your animals?

Help with rehoming

Administration

Shelter to client contact date

07/16/2024

Follow - up required

yes

Follow up notes/actions needed 1

sent email phone not working

Agent initials follow up 1

Hardy

Surrender necessary

no

Multiple appointments?

no

Outcome data

Close ticket

no