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

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?

Animal 1

Animal 1 name Gizmo

Animal 1 species

Animal 1 dog breed beagle mix

Animal 1 size

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?

Has animal 1 ever bitten anybody?

no

Animal 2

Animal 2 name Oden

Animal 2 species

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?

Does animal 2 have any medical issues?

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

help with renoming

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

naray

Surrender necessary

Multiple appointments?

no

Outcome data

Close ticket

no