

Old LEASH pet surrender request form

First name

Erin

Last name

Kuster

Street address

3048 Nottel Drive

City

Saint Cloud

Zip code

34772

Email

kustererin6@gmail.com

Phone

(985) 264-1985

Reason for surrender

Allergic daughter

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

Prince

Animal 1 species

dog

Animal 1 dog breed

Mixed lab/pitbull

Animal 1 size

51 + lbs

Animal 1 color

Black

Animal 1 gender

male

Has animal 1 been neutered?

yes

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

Anxiety fear of loud noises/knee tendinitis

Animal 1 photo



IMG_1799.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies

How we can help you keep your animals?

Nothing will help us keep him.

My daughter’s allergies have lead to daily nosebleeds and allergy mitigation has not worked.

Administration

Shelter to client contact date

07/19/2024

Follow - up required

yes

Follow up notes/actions needed 1

lvm to call us back

Agent initials follow up 1

LA

Surrender necessary

yes

Send appointment email

no

Send wait time notice

no

Multiple appointments?

no

Outcome data

Admin notes

07-19-24 call lvm to call us back //

Close ticket

no