

Old LEASH pet surrender request form

First name

Bette

Last name

Reeves

Street address

622 Chadbury Way

City

Kissimmee, FL

Zip code

34744

Email

betterreeves3@yahoo.com

Phone

(407) 483-8562

Reason for surrender

No longer able to care for pet. Two hospitalizations since I completed application to surrender pet.

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Denzel

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 gender

male

Has animal 1 been neutered?

yes

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.

- no longer want animal

Other reason not listed

Physically unable to care for pet.

How we can help you keep your animals?

Keeping pet is not an option.

Administration

Shelter to client contact date

01/11/2023

Surrender necessary

yes

Staff member making appointment(s).

ALG

Send appointment email

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

02/03/2023

Time of appointment 1

10:00 am

Outcome data

Call outcome

surrendered to shelter

Admin notes

1/9/23- CALLED AND LEFT VM.AM

1/11/23 CALLED MADE APPOINTMENT -ALG