

Old LEASH pet surrender request form

First name

Elizabeth

Last name

Meraz

Street address

2557 north central ave

City

Kissimmee

Zip code

43741

Email

Lizmeraz13@icloud.com

Phone

(407) 873-7824

Reason for surrender

Moving

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Babe

Animal 1 species

dog

Animal 1 dog breed

chihuahua/SHIH TZU

Animal 1 size

11 - 20 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

5 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?

5 + years

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

- moving

Administration

Shelter to client contact date

01/09/2023

Surrender necessary

yes

Staff member making appointment(s).

AM

Send appointment email

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

03/06/2023

Time of appointment 1

10:00 am

Outcome data

Admin notes

1/9/3- CALLED THE OWNER AND WHERE SHE IS MOVING, SHE CANNOT HAVE PETS. i DID TELL HER TO TRY SN RHOME THE ANIMAL WITH DIFFIRENT RESCUES. i DID MAKE HER AWARE OF OUR POLOCIES AND CANNOT GARANTEE THE OUTCOME OF THE ANIMAL. am