

Old LEASH pet surrender request form

First name

Kim

Last name

TAFT

Street address

900 DELAWARE AVE

City

sT CLOUD

Zip code

34769

Email

TAFYGIRL2001@GMAIL.COM

Phone

(407) 655-5381

Reason for surrender

nO TIME

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Buddy

Animal 1 species

dog

Animal 1 dog breed

mix

Animal 1 size

21 - 30 lbs

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo

BUDDY .docx

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- no time for care

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

03/07/2023

Time of appointment 1

03:00 pm

Outcome data

Admin notes

CALLED AND LEFT VM 1/11/23-ALG

called back and made appoint 3/7/23 @3pm. Dog is daughters Kehana Bernett and was advised she would be dropping off the dog-alg