

Old LEASH pet surrender request form

First name

Joselyn

Last name

Juarez

Street address

2610 Milton Ave

City

Kissimmee

Zip code

34741

Email

[Josiecat0321@gmail.com](mailto:Josiecat0321@gmail.com)

Phone

(407) 800-5538

Reason for surrender

Find a home

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Ophelia

Animal 1 species

dog

Animal 1 dog breed

Chihuahua shitzu mix

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

2 - 4 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG\_1965.JPG

Just a few more questions...

How long have you had the animals?

2 - 3 months

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

- no time for care

Administration

Shelter to client contact date

01/13/2023

Surrender necessary

yes

Staff member making appointment(s).

am

Send appointment email

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

01/18/2023

Time of appointment 1

10:00 am

Outcome data

Admin notes

1/13/23- Called the owner and said is a 12-week-old puppy and i educated her on different recues but SD oked to come in early because we will send straight to rescue. AM