

Old LEASH pet surrender request form

First name

Kiara

Last name

Roman

Street address

713 Hawk Lane

City

Kissimmee

Zip code

34759

Email

[kiarafont01@gmail.com](mailto:kiarafont01@gmail.com)

Phone

(689) 677-8347

Reason for surrender

I don't have home for it to live in

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Mia

Animal 1 species

cat

Animal 1 size

21 - 30 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

9 - 12 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



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Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- moving

If moving, why can't pet(s) go?

My parents won't let me!

How we can help you keep your animals?

It breaks my heart to do this, the only way I can keep her if I have my own place and I don't.

Administration

Shelter to client contact date

01/26/2023

Surrender necessary

no

Staff member making appointment(s).

am

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

01/26/2023

Admin notes

1/26/23- Called the owner and she stated she rehomed the cat. AM

Final surrender outcome

not applicable