

Old LEASH pet surrender request form

First name

Maria

Last name

Torres

Street address

1100 cobblestone cir apt B

City

Kissimmee

Zip code

34744

Email

maria.tt@gmailm.com

Phone

(407) 580-1503

Reason for surrender

Medical issues and can no longer take care of her

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Mikasa

Animal 1 species

cat

Animal 1 size

21 - 30 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

1 - 2 years

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.

- no time for care

Other reason not listed

I have medical issues and can no longer take care of her

Administration

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Admin notes

1/30/23- Duplicate

Final surrender outcome

not applicable