

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



42A42C69-B14C-44EF-835A-CF8D9D86F34D.jpeg

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

Shelter to client contact date

01/30/2023

Surrender necessary

yes

Staff member making appointment(s).

AM

Send appointment email

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

03/23/2023

Time of appointment 1

11:00 am

Outcome data

Admin notes

1/30/23- Shehnaz helped me translate. Per the owner she is not able to take care of the cat due to medical issues. We asked if she has tried rehoming and Maria is very admit about rehoming and not bring the cat here, we are just a last resort. We did state to Maria that we cannot guarantee the outcome of the animal. But currently the cat is medically good. AM