

Old LEASH pet surrender request form

First name

Emily

Last name

Rodriguez

Street address

1106 Seneca Trail

City

Saint Cloud

Zip code

34772

Email

[solemi.er@hotmail.com](mailto:solemi.er@hotmail.com)

Phone

(407) 496-3884

Reason for surrender

Can see and struggles walking around the house

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Sweetie

Animal 1 species

dog

Animal 1 dog breed

Yorkie

Animal 1 size

11 - 20 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

Other reason not listed

Blind unable to walk with out heading her head

How we can help you keep your animals?

She is blind and she is an older dog (15 years)

Administration

Shelter to client contact date

02/14/2023

Surrender necessary

yes

Staff member making appointment(s).

am

Send appointment email

no

Multiple appointments?

no

Appointment 1

Date of appointment 1

02/15/2023

Time of appointment 1

11:00 am

Outcome data

Admin notes

2/14/23- Owner called wanting to make an appointment for 300 due to the dogs old age and other medical reasons. AM