# Old LEASH pet surrender request form

First name

Carmelo

**Last name** Nieves

Street address 5140 Ravena Ave E

**City** Saint Cloud

**Zip code** 34771

Email cnieves8@live.com

**Phone** (703) 586-5672

**Reason for surrender** Not getting along with my other cat

My current living situation is... I have a stable home.

# Animal 1

**Animal 1 name** Riley

Animal 1 species

Animal 1 size

Animal 1 gender female

Has the animal 1 been spayed? yes

Animal 1 age 3 - 5 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?

1 - 2 years

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

• conflict with others

How we can help you keep your animals? Unable to keep

## Administration

Shelter to client contact date 03/01/2023

Surrender necessary

yes

Staff member making appointment(s). dm/am

Send appointment email no

Send wait time notice yes

Multiple appointments? no

Appointment 1

## Date of appointment 1 04/24/2023

#### Time of appointment 1

02:00 pm

#### **Outcome data**

#### Admin notes

3/01/23 called and spoke to owner and he said that the cat was spraying and going after his other cat, also the cat is pooping and peeing outside of the litterbox. he also said that he was not looking to rehome because of the cat's behavior. I did make him aware of our policy and procedures and he also is aware that we cannot guarantee an outcome and the cat has a high change of being 300 considering the behavior .dm/am