

Old LEASH pet surrender request form

First name

Margarita

Last name

Alicea

Street address

4661 Doral Park Ave

City

Kissimmee

Zip code

34758

Email

l.alicea82@gmail.com

Phone

(407) 364-0406

Reason for surrender

We cannot take care of the dog fur to our age and medical conditions

My current living situation is...

I would rather not say.

I have read and understood the pet rehome statement.

yes

About the animal(s)

Number of animals to be discussed?

1

Animal 1

Animal 1 name

Brownie

Animal 1 species

dog

Animal 1 dog breed

Chihuahua

Animal 1 size

11 - 20 lbs

Animal 1 color

mix

Animal 1 gender

male

Has animal 1 been neutered?

no

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



D16C4A85-84C5-4105-BFE4-CD787B44CFD1.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- ☒ allergies
- ☒ cost of food
- ☒ cost of vet care
- ☒ no time for care
- ☒ no longer want animal

How we can help you keep your animals?

We no longer wish to have the dog.

Administration

Shelter to client contact date

07/17/2023

Surrender necessary

yes

Staff member making appointment(s).

CW

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

09/04/2023

Time of appointment 1

02:00 pm

Outcome data

Call outcome

appointment made

Final call date

07/17/2023

Admin notes

3/6/23- Called and left VM. AM
3/10/23- Called and left VM. AM

7/17/23 Owner arrived to shelter stating no one has called her to make an app. I explained to her a staff member has attempted to call her twice and left messages. I then created her an app date and time. C. Wildermuth

Final surrender outcome

showed at final meeting

Close ticket

yes