

Old LEASH pet surrender request form

First name

Clinton

Last name

Mayfield

Street address

1030 Coatbridge Dr

City

Kissimmee

Zip code

34758

Email

cmj7065@gmail.com

Phone

(312) 371-7065

Reason for surrender

Owner Pasted away

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

Coco

Animal 1 species

dog

Animal 1 dog breed

Shepard mix

Animal 1 size

41 - 50 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

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



image (3).jpg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- no time for care
- no longer want animal

Other reason not listed

Owner Died

How we can help you keep your animals?

Not my pet owner died I do not want a pet do not have time out of town a lot

Administration

Shelter to client contact date

03/10/2023

Surrender necessary

yes

Staff member making appointment(s).

dm

Send appointment email

no

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

05/08/2023

Time of appointment 1

02:00 pm

Outcome data

Admin notes

I spoke with Mr. Mayfield and he said that the owner of the dog passed away and he cannot keep the dog. i asked him if he had tried rehoming the dog himself and he said no, I advised him to try to do so and to contact rescues while waiting for the appointment. i made him aware of our policy and that we cannot grantee an outcome for this pet. Dm