Old LEASH pet surrender request form First name ZORAIDA Last name GONZALEZ Street address 3045 SLOUGH CREEK DR City KISSIMMEE Zip code 34744 **Email** GONZALEZ3017@GMAIL.COM Phone (321) 201-5051 **Reason for surrender** MOVING INTO AN APPARNTMENT AND CANNOT HAVE My current living situation is... I have a stable home. Animal 1 Animal 1 name KAI **Animal 1 species** dog Animal 1 dog breed WEIMERINER Animal 1 size 51 + lbs Animal 1 gender

Has animal 1 been neutered?

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

Has animal 1 ever bitten anybody?

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

moving

If moving, why can't pet(s) go?

MOVING TO AN APPARTMENT WHERE HE IS NOT ALLOWED

Administration

Shelter to client contact date

03/07/2023

Surrender necessary

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Staff member making appointment(s).

CW

Send appointment email

no

Send wait time notice

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Multiple appointments?

no

Appointment 1

Date of appointment 1

03/09/2023

Time of appointment 1

03:30 pm

Outcome data

Final call date

03/07/2023

Admin notes

3/7/23 Owner is no longer able to keep her dog as she is moving to an apartment that has weight restrictions. C. Wildermuth