

Old LEASH pet surrender request form

First name

Sherine

Last name

Simmons

Street address

5299 timberland ave

City

Saint cloud

Zip code

34771

Email

[joanna.d.martinez12@gmail.com](mailto:joanna.d.martinez12@gmail.com)

Phone

(347) 251-2073

Reason for surrender

Can't take care of him anymore

My current living situation is...

I would rather not say.

Animal 1

Animal 1 name

Smokey

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 gender

male

Has animal 1 been neutered?

yes

Animal 1 age

3 - 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?

3 - 5 years

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

- allergies
- no time for care
- no longer want animal

Administration

Shelter to client contact date

03/10/2023

Surrender necessary

no

Staff member making appointment(s).

dm

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Admin notes

3/10/23- Called and left VM. AM  
3/10/23 owner called back and said she cannot wait until May so she is going to rehome the cat on her own. DM