

Old LEASH pet surrender request form

First name

Amy

Last name

Francis

Street address

1004 Pine Ave

City

Saint Cloud

Zip code

34769

Email

april_2104@yahoo.com

Phone

(689) 226-8339

Reason for surrender

Bites & destroys home

My current living situation is...

I have a stable home.

Animal 1

Animal 1 name

GG

Animal 1 species

cat

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

3 - 5 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies
- behavior

How we can help you keep your animals?

I rescued her from an unstable home and tried to connect with her for over a year, she is not family friendly and has not rehabilitated as much as I've tried, she's also destroyed my home & furniture and has, on many occasions bitten me. Recently was diagnosed with severe allergies and I have no way of keeping her.

Administration

Shelter to client contact date

03/16/2023

Surrender necessary

yes

Staff member making appointment(s).

CW

Send appointment email

no

Send wait time notice

no

Multiple appointments?

no

Outcome data

Admin notes

3/16/23 Called left vm, per all of the information, the cat will need to be scheduled for a 300. C. Wildermuth