

Old LEASH pet surrender request form

First name

Maria

Last name

Borges

Street address

2329 caravelle cir

City

Kissimmee

Zip code

34-746

Email

maferbj8@gmail.com

Phone

(321) 310-2554

Reason for surrender

Owner with Disease

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

Kyra

Animal 1 species

dog

Animal 1 dog breed

Mixed

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



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Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies
- moving

Other reason not listed

The owner has disease and I can't take care

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

The owner of the house has disease

How we can help you keep your animals?

keeping her healthy and eating well, I can provide you with all her food and things

Administration

Shelter to client contact date

04/06/2023

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

04/20/2023

Admin notes

4/6/23 Called left message. C. Wildermuth
4/20/23 called and a woman answered, and I started talking to her and when I asked the reason, she wanted to surrender the dog she hung up on me
DM

Final surrender outcome

not applicable

Close ticket

yes