

Old LEASH pet surrender request form

First name

Germaine

Last name

Rodriguez

Street address

2388 Seven Oaks Dr

City

Saint Cloud

Zip code

34772

Email

marycfmcc@gmail.com

Phone

(407) 738-0187

Reason for surrender

WE CAN NOT LONGER HAVE HIM IN THE HOUSE

My current living situation is...

I have a stable home.

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

Pepe

Animal 1 species

dog

Animal 1 dog breed

Labrador\Germansheppard

Animal 1 size

31 - 40 lbs

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

1 - 2 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?

1 - 2 years

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

- allergies
- cost of food
- cost of vet care
- insurance
- moving
- no time for care

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

No animals allowed

How we can help you keep your animals?

We currently have family members that have asthma and with the dog present Those allergies become chronic

Administration

Shelter to client contact date

04/24/2023

Surrender necessary

no

Staff member making appointment(s).

am

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

05/09/2023

Admin notes

4/24/23 Called left message, C, Wildermuth
5/9/23- Called and the phone number is disconnected. AM

Final surrender outcome

not applicable

Close ticket

yes