## **Old LEASH pet surrender request form**

# First name

Susindy

**Last name** Baez

Street address PO BOX 450614

**City** Kissimmee

**Zip code** 34745

Email susindygandia4@gmail.com

**Phone** (386) 338-4796

Reason for surrender

I'm very sick

#### 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 Oreo

Animal 1 species

Animal 1 dog breed Shitzu

Animal 1 size

Animal 1 gender male

Has animal 1 been neutered?

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



IMG\_5059.jpeg

#### Just a few more questions...

#### How long have you had the animals?

1 - 2 years

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

- cost of food
- cost of vet care
- homeless
- no time for care

### Administration

#### Multiple appointments?

no

#### **Outcome data**

Admin notes 5/5/23-Called and left VM. AM

5/11/23 called and the owner answered and stated who I was and she said I will call you in a minute and hung up the phone DM

#### **Close ticket**

no