

Old LEASH pet surrender request form

First name

carlos

Last name

rodriguez

Street address

4538 ross lanier ln

City

kissimmee

Zip code

34758

Email

[cmota116hga@gmail.com](mailto:cmota116hga@gmail.com)

Phone

(407) 818-4905

Reason for surrender

Costo

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

Judah

Animal 1 species

dog

Animal 1 dog breed

Labrador

Animal 1 size

41 - 50 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

Animal 1 photo



FullSizeR.jpg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

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

Administration

Shelter to client contact date

05/17/2023

Surrender necessary

no

Staff member making appointment(s).

Dm

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

05/17/2023

Admin notes

5/10/23- VM not set up.am  
5/17/23 owner is going to try and rehome the dog himself.DM

Final surrender outcome

not applicable

Close ticket

yes