

Old LEASH pet surrender request form

First name

Jennifer

Last name

Padilla

Street address

1495 TWIN VALLEY TER

City

kindred

Zip code

34744

Email

jcano1286@gmail.com

Phone

(917) 444-0142

Reason for surrender

daughter health issues

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

Cookie

Animal 1 species

dog

Animal 1 dog breed

dalmatian

Animal 1 size

21 - 30 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

4 - 8 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



Image (2).jpeg

Just a few more questions...

How long have you had the animals?

4 months to 1 year

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

- allergies

Administration

Shelter to client contact date

05/10/2023

Surrender necessary

no

Staff member making appointment(s).

am

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

05/10/2023

Admin notes

5/10/23- Called the owner and gave her resources to rehome and she is going to try that first and will submit another application if it does not work. AM

Final surrender outcome

not applicable

Close ticket

yes