

Old LEASH pet surrender request form

First name

Rafael

Last name

Silva

Street address

4691 Cheyenne point trail

City

Kissimmee

Zip code

34746

Email

rsilva.tei@gmail.com

Phone

(407) 873-1202

Reason for surrender

No lo puedo tener más en la casa

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

Rocky

Animal 1 species

dog

Animal 1 dog breed

German Shepherd

Animal 1 size

51 + lbs

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



85F501C1-10B4-4EB8-8786-1420C0F3CA30.jpeg

Just a few more questions...

How long have you had the animals?

5 + years

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

- behavior
- conflict with others
- no longer want animal

Administration

Shelter to client contact date

06/01/2023

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Final call date

06/01/2023

Admin notes

5/24/23 called and left VM DM
6/1/23 called and left VM DM

Final surrender outcome

not applicable

Close ticket

yes