

LEASH pet surrender request form

First name

Carol

Last name

Bradford

Street address

1675 cassidy drive

City

saint cloud

Zip code

34771

Email

bradfordnoemi@gmail.com

Phone

(407) 450-5848

Reason for surrender

I cannot have 5 cats

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?

3

Animal 1

Animal 1 name

unknown

Animal 1 species

cat

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

under 4 weeks

Has animal 1 ever bitten anybody?

no

Does animal 1 have any known medical issues?

no

Animal 2

Animal 2 name

unknown

Animal 2 species

cat

Animal 2 gender

female

Has animal 2 been spayed?

no

Animal 2 age

under 4 weeks

Animal 2 personality

- none of the above

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 3

Animal 3 name

unknown

Animal 3 species

cat

Animal 3 gender

female

Has the animal 3 been spayed?

no

Animal 3 age

under 4 weeks

Animal 3 personality

- none of the above

Has animal 3 ever bitten anybody?

no

Does animal 3 have any medical issues?

no

Just a few more questions...

How long have you had the animals?

1 to 2 weeks

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

- no longer want animal

Administration

Shelter to client contact date

06/02/2023

Surrender necessary

no

Staff member making appointment(s).

dm

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

06/02/2023

Admin notes

6/2/23 the kittens are too young to take from mom so she is going to wait until they are 8 weeks old and find them homes on her own, so she no longer needs our services DM

Final surrender outcome

not applicable

Close ticket

yes