

Old LEASH pet surrender request form

First name

Stacey

Last name

Rivera

Street address

2705 ashley ct

City

Kissimmee

Zip code

34743

Email

Staceylyannrm@gmail.com

Phone

(407) 837-5351

Reason for surrender

No podemos cuidarlo

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

Sparky

Animal 1 species

dog

Animal 1 dog breed

Mix breed

Animal 1 size

11 - 20 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

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- no time for care

Administration

Shelter to client contact date

06/23/2023

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

06/23/2023

Admin notes

6/3/23 called and spoke to the owner she does not speak English dm
6/9/23 called and left VM DM/KD
6/15/23 Sent owner a email that was translated into Spanish for her as well English, all supervisors were copied as well as other intake staff showing the conversation. C. Wildermuth
6/23/23 called and spoke to the owner and she does not want to make an appointment DM

Final surrender outcome

not applicable

Close ticket

yes