

Old LEASH pet surrender request form

First name

Makenzie

Last name

Gandee

Street address

1770 Malvern Hill Cr

City

Kissimmee

Zip code

34747

Email

ozone-upward0c@icloud.com

Phone

(407) 900-7141

Reason for surrender

Lacking availability for care.

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

Lady

Animal 1 species

dog

Animal 1 dog breed

Cavapoo

Animal 1 size

21 - 30 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

2 - 4 months

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 week or less

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

- no time for care

Administration

Shelter to client contact date

07/12/2023

Surrender necessary

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

07/12/2023

Admin notes

6/2023 called and the owner was not home he asked if we could call her back after 4 pm DM
6/27/23 called at 4:23 and left a VM DM

Final surrender outcome

not applicable

Close ticket

yes