

Old LEASH pet surrender request form

First name

Enixa

Last name

Fernandez

Street address

1960 Triumfo Cir

City

kissimmee

Zip code

34744

Email

rubia0516@aol.com

Phone

(321) 697-2088

Reason for surrender

Medical conditions

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

Mia

Animal 1 species

dog

Animal 1 dog breed

Mini yorkie

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

spinal cord injury a year ago, she walks but needs to be home trained again.

Animal 1 photo



[076A76E7-FF70-46D3-B42E-0571518D19F0.jpeg](#)

**Just a few more questions...**

**How long have you had the animals?**

5 + years

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

- ☐ allergies
- ☐ cost of vet care
- ☐ no time for care

**Administration**

**Shelter to client contact date**

06/20/2023

**Surrender necessary**

no

Staff member making appointment(s).

DM

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

06/20/2023

Admin notes

6/20/23 called and spoke to the owner and she is going to keep the dog DM

Final surrender outcome

not applicable

Close ticket

yes