

Old LEASH pet surrender request form

First name

Susindy

Last name

Baez

Street address

PO BOX 450614

City

Kissimmee

Zip code

34745

Email

susindygandia4@gmail.com

Phone

(386) 338-4796

Reason for surrender

not have a job

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

Oreo

Animal 1 species

dog

Animal 1 dog breed

Shitzu

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



Animals__Dogs_Cutie_shih_tzu_dog_085194_.jpg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- moving
- no time for care

If moving, why can't pet(s) go?

I cant tell

How we can help you keep your animals?

i only wish him to have someone that have time for him.

Administration

Shelter to client contact date

06/27/2023

Surrender necessary

yes

Staff member making appointment(s).

DM

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

08/08/2023

Time of appointment 1

11:00 am

Outcome data

Admin notes

6/27/23 called and spoke to the owner and she is moving in with her sister to take care of her and she cannot have the dog there she is going to contact rescue groups and post the dog on social media while she awaits her apartment time. she is aware that we cannot guarantee an outcome for her dog and is aware of our policies DM

Close ticket

no