

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

(407) 860-8847

Reason for surrender

I can't take care her for my medical comditions

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

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?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_1303.png

Just a few more questions...

How long have you had the animals?

5 + years

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

- allergies
- no time for care

Administration

Shelter to client contact date

06/28/2023

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

12:00 pm

Outcome data

Admin notes

6/28/23 called and spoke to the owner and the dog has a spinal injury from a few years ago and she can no longer take care of the dog properly she has posted the dog on social media and has contacted rescue groups but so far no one is willing to take the dog she is aware of our policies and knows we cannot guarantee an outcome for her dog dm

Close ticket

no