

Old LEASH pet surrender request form

First name

REGINA

Last name

DUGGAN

Street address

4187 Wales St

City

Kissimmee

Zip code

34746

Email

Ginad9237@gmail.com

Phone

(407) 301-4270

Reason for surrender

Cannot care for

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

Mabel

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

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?

4 months to 1 year

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

- behavior
- no time for care

**Other reason not listed**

Health of owner. Heavy cat, difficult to carry etc with my medical concerns

**Administration**

**Shelter to client contact date**

07/05/2023

**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**

08/10/2023

**Time of appointment 1**

10:30 am

**Outcome data**

**Admin notes**

7/5/23 called and left vm DM  
7/12/23 called and spoke to the owner and she said she has tried everything to rehome her cat, the cat does not get along with other cats and it was given to her a few months ago by a friend that was related to the owner, and he passed away. she is going to continue to post on social media and she is going to reach out to rescue groups while she awaits her appointment time. she is aware of our policies and knows we cannot guarantee an outcome for her cat DM

**Close ticket**

no