

Old LEASH pet surrender request form

First name

Sarai

Last name

Escalera

Street address

3343 Barina Street

City

St.Cloud

Zip code

34769

Email

sarai.escalera@icloud.com

Phone

(689) 237-7269

Reason for surrender

Allergy

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

Nala

Animal 1 species

dog

Animal 1 dog breed

Cocker Spaniel

Animal 1 size

21 - 30 lbs

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

3 - 5 years

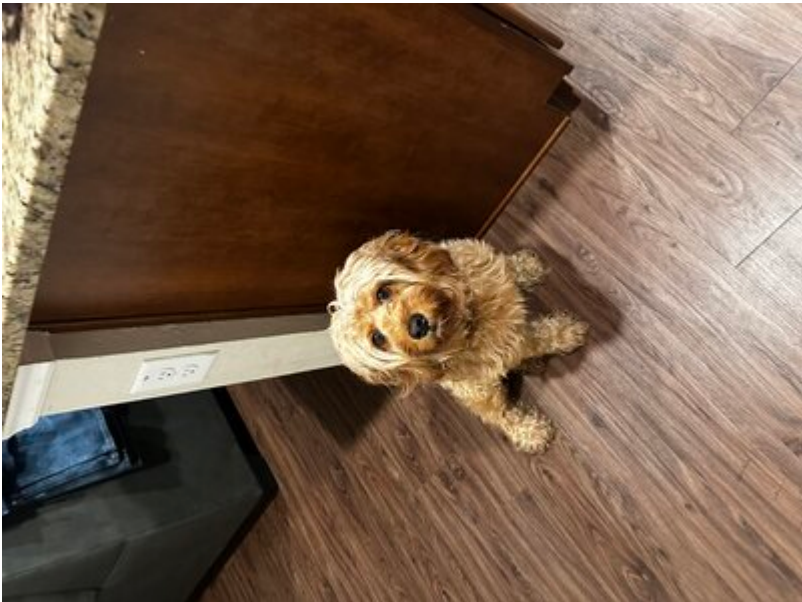
Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG_2837.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- allergies
- no time for care

Administration

Shelter to client contact date

07/20/2023

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

07/20/2023

Admin notes

7/19/23 called and left VM DM
7/20/23 called and left VM DM

Final surrender outcome

not applicable

Close ticket

yes