

Old LEASH pet surrender request form

First name

Nelson

Last name

Rivera

Street address

2695 Borinquén Drive

City

Kissimmee

Zip code

34744

Email

nel.rivera.gmen@gmail.com

Phone

(407) 414-9781

Reason for surrender

Medical condition and can't walk the dog

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

Thor

Animal 1 species

dog

Animal 1 dog breed

Rottweiler an American bulldog

Animal 1 size

41 - 50 lbs

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

3 - 5 years

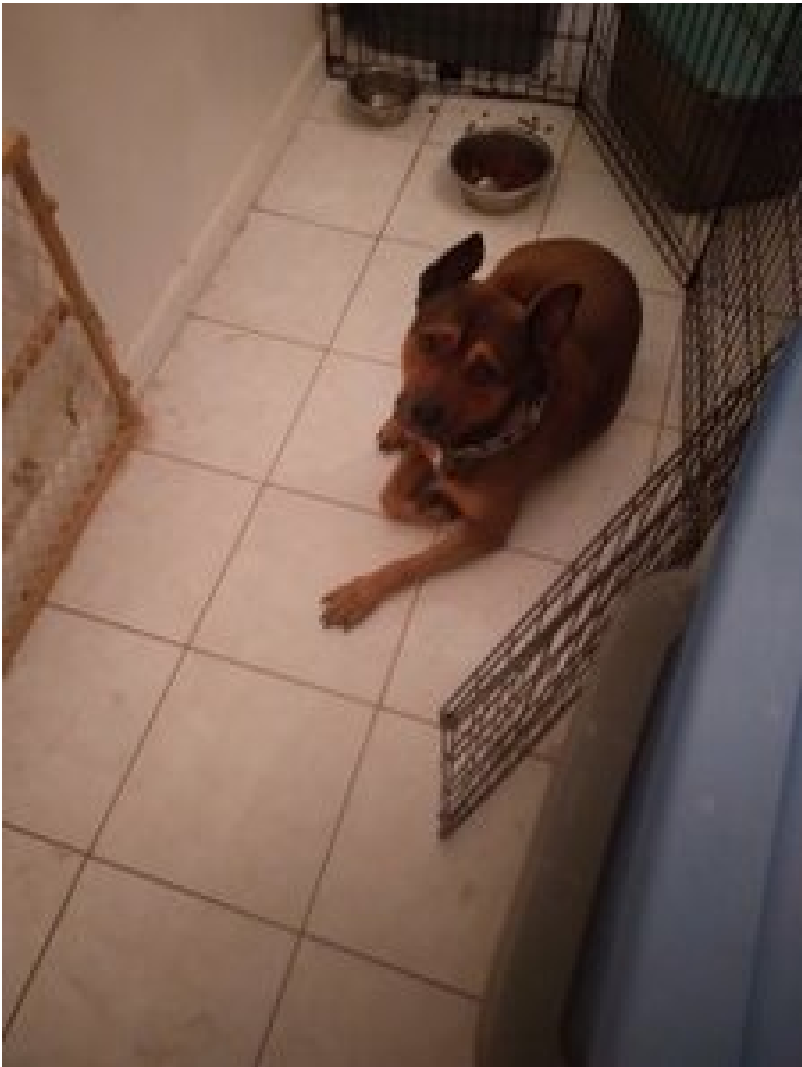
Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



Attachment.jpeg

Just a few more questions...

How long have you had the animals?

3 - 5 years

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

- no time for care
- no longer want animal

Administration

Shelter to client contact date

08/17/2023

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

08/17/2023

Admin notes

8/2/23-duplicate

Final surrender outcome

not applicable

Close ticket

yes