

Old LEASH pet surrender request form

First name

Angel

Last name

Matos

Street address

3256 Lorimar Lane

City

Saint Cloud

Zip code

34772

Email

angelmatos07067@aol.com

Phone

(973) 902-9682

Reason for surrender

We have too much responsibility with an adult Autistic son that requires 24 hour care and an elderly parent who is a stroke victim and needs 24 hour supervision and care.

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

Cofey

Animal 1 species

dog

Animal 1 dog breed

Chihuahua

Animal 1 color

tan

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Advance gum disease; possible nerve damage

Animal 1 photo



IMG_2206.JPG

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

Other reason not listed

Dog extremely is about 17 years old is needy and whines too much; we dont have to time to properly take care of him.

How we can help you keep your animals?

I appreciate your offer but we really either want to give him up or adoption or put him down, as sad as this is.

Administration

Shelter to client contact date

08/31/2023

Follow - up required

no

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

08/31/2023

Admin notes

8/14/23 called and left VM DM
8/31/23 called and left VM closed leash form DM.

Final surrender outcome

not applicable

Close ticket

yes