

Old LEASH pet surrender request form

First name

Sandra

Last name

Rivera

Street address

1706 ravenwood cr apt g

City

Kissimmee fl

Zip code

34741

Email

[sandrair721@gmail.com](mailto:sandrair721@gmail.com)

Phone

(407) 305-1396

Reason for surrender

Dónde vivo no lo puedo tener

My current living situation is...

I have been evicted and do not have a home.

Upload file

[The-Pet-Surrender-Process-Spa.2-correctedByPAVE.pdf](#)

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

Aquiles

Animal 1 species

dog

Animal 1 dog breed

Pitbulls

Animal 1 size

51 + lbs

Animal 1 color

unknown

Animal 1 gender

male

Has animal 1 been neutered?

no

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?

5 + years

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

- homeless

Administration

Shelter to client contact date

08/31/2023

Follow - up required

yes

Follow up notes/actions needed 1

8/31/23 Left VM for call CH 9/7/23 Left VM to call back by 5pm or we would be closing request. CH

Multiple appointments?

no

Outcome data

Call outcome

non responsive to contact/no show

Final call date

09/08/2023

Admin notes

Never responded

Close ticket

yes