

Old LEASH pet surrender request form

First name

Daina

Last name

Burgos

Street address

1502 Wood Violet Dr

City

Orlando

Zip code

2824

Email

[jemira82@gmail.com](mailto:jemira82@gmail.com)

Phone

(386) 795-4602

Reason for surrender

No puedo Cuidarla

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

Zorka

Animal 1 species

dog

Animal 1 dog breed

Pitbull mix with Boston terrier

Animal 1 size

31 - 40 lbs

Animal 1 color

Unknown

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

1 - 2 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?

2 - 4 weeks

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

- no time for care
- no longer want animal

Administration

Shelter to client contact date

08/31/2023

Follow - up required

no

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Admin notes

Out of County Left VM to Contact Orange County

Final surrender outcome

called and cancelled

Close ticket

yes