

Old LEASH pet surrender request form

First name

Saprina

Last name

Gaines

Street address

2605 Turkano Way

City

Kissimmee

Zip code

34746

Email

Saprina\_gaines@yahoo.com

Phone

(407) 361-7085

Reason for surrender

Not my cat, renting a room from someone and cannot have a cat.

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

Tiger

Animal 1 species

cat

Animal 1 color

Unknown

Animal 1 gender

male

Has animal 1 been neutered?

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?

1 - 2 years

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

- homeless

Other reason not listed

Was evicted now renting a room and cannot have a cat.

How we can help you keep your animals?

I cannot have a cat where I'm renting a room.

Administration

Shelter to client contact date

09/01/2023

Follow - up required

yes

Follow up notes/actions needed 1

9/1/23 Left VM to call back CH 9/8/23 Left VM to call by 5pm or request would be closed. CH

Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

10/19/2023

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Close ticket

no