

Old LEASH pet surrender request form

First name

Miris

Last name

Esquilin

Street address

356 Parkland Cir unit 102

City

Kissimmee

Zip code

34744

Email

mirisesquilin1@gmail.com

Phone

(787) 525-9319

Reason for surrender

Mayormente trabajando y emparazada

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

Casper

Animal 1 species

dog

Animal 1 dog breed

Chihuahua

Animal 1 color

unknown

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

9 - 12 months

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?

4 months to 1 year

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

- behavior
- no time for care

Administration

Shelter to client contact date

09/01/2023

Follow - up required

yes

Follow up notes/actions needed 1

9/1/23 Owners Speaks Spanish need to call back after three to speak to son. CH 9/1/23 Owner called back and made appointment

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

11/30/2023

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Admin notes

Owner is Spanish Speaking.

Close ticket

no