# Old LEASH pet surrender request form

First name wilson

Last name roman

**City** kissimmee

Zip code

**Street address** 149 anzio drive

34758
Email w_roman59@icloud.com
<b>Phone</b> (407) 433-8283
Reason for surrender I can no longer provide care due to medical reasons
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?
Animal 1
Animal 1 name nala
Animal 1 species dog
Animal 1 dog breed golden retriever mut
Animal 1 size
41 - 50 lbs
41 - 50 lbs Animal 1 color
41 - 50 lbs  Animal 1 color beige  Animal 1 gender
41 - 50 lbs  Animal 1 color beige  Animal 1 gender female  Has the animal 1 been spayed?
Animal 1 color beige  Animal 1 gender female  Has the animal 1 been spayed? yes  Animal 1 age

#### Animal 1 explain medical issues

Parkinson

### Animal 2

### Animal 2 name

molly

### **Animal 2 species**

dog

#### Animal 2 dog breed

mut

### Animal 2 size

21 - 30 lbs

#### **Animal 2 color**

beige

### Animal 2 gender

female

## Has animal 2 been spayed?

yes

#### Animal 2 age

3 - 5 years

### **Animal 2 personality**

- good with dogs/cats
- good with small animals

### Has animal 2 ever bitten anybody?

no

## Does animal 2 have any medical issues?

### Animal 2 explain medical issues.

skin rash

# Just a few more questions...

# How long have you had the animals?

5 + years

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

- cost of food
- cost of vet care
- $\bullet \ \ insurance$
- no time for care

# Other reason not listed

medical health issues

### How we can help you keep your animals?

I can not care for animals due to health reasons

### Administration

### Shelter to client contact date

09/11/2023

### Follow - up required

yes

### Follow up notes/actions needed 1

9/11/23 Left VM to call back. CH

### Surrender necessary

yes

Staff member making appointment(s).

Hardy

Send appointment email

ves

Send wait time notice

yes

Multiple appointments?

nο

# Appointment 1

# Date of appointment 1

12/19/2023

Time of appointment 1

11:00 am

# **Outcome data**

### Call outcome

surrendered to shelter

# Final call date

09/11/2023

### **Admin notes**

9/11/23 Owner called back and scheduled appointment. CH

# Close ticket

no