

Old LEASH pet surrender request form

First name

JOHN

Last name

GABRIEL

Street address

1680 Goblet Cove street

City

Kissimmee

Zip code

34746

Email

JG4931@aol.com

Phone

(646) 296-3774

Reason for surrender

Unable to care

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

Dog

Animal 1 species

dog

Animal 1 dog breed

Black Labrador

Animal 1 size

11 - 20 lbs

Animal 1 color

Bk

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

4 - 8 months

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG\_3951.jpeg

Just a few more questions...

How long have you had the animals?

2 - 3 months

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

- ☒ cost of food
- ☒ cost of vet care
- ☒ conflict with others

Administration

Shelter to client contact date

09/12/2023

Follow - up required

yes

Follow up notes/actions needed 1

9/12/23 Left VM to call back planned to schedule on 10/2/23 since it is a pup

Agent initials follow up 1

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

10/02/2023

Time of appointment 1

03:00 pm

Outcome data

Call outcome

appointment made

Final call date

09/13/2023

Admin notes

9/13/23 Due to the young age of the dog appointment was made because the dog would likely move quickly from the shelter.

Close ticket

no