

Old LEASH pet surrender request form

First name

Sarah

Last name

Cardona

Street address

5131 City Street Apt 634

City

Orlando

Zip code

32839

Email

sarahcardona92@gmail.com

Phone

(407) 350-8479

Reason for surrender

Newborn baby

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

Nala

Animal 1 species

dog

Animal 1 dog breed

American Stratford terrier

Animal 1 size

51 + lbs

Animal 1 color

Tan

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

3 - 5 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?

3 - 5 years

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

- no time for care

Administration

Shelter to client contact date

09/08/2023

Follow - up required

no

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Final call date

09/08/2023

Admin notes

9/8/23 Owner Lives in Orange County Referred to Orange County Animal Services. CH

Final surrender outcome

called and cancelled

Close ticket

yes