

Old LEASH pet surrender request form

First name

Rosemarie

Last name

Ramos

Street address

436 Charleswood Ave

City

Orlando

Zip code

32825

Email

ramosrosemarie13@gmail.com

Phone

(407) 257-4814

Reason for surrender

Father passed away and they were his dogs

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?

2

Animal 1

Animal 1 name

Rocco

Animal 1 species

dog

Animal 1 dog breed

Poodle

Animal 1 color

Beige

Animal 1 gender

male

Has animal 1 been neutered?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

yes

Has animal 1 ever bitten anybody?

no

Animal 1 explain medical issues

Just old

Animal 2

Animal 2 name

Liza

Animal 2 species

dog

Animal 2 dog breed

Yorkiepoo

Animal 2 color

Black

Animal 2 gender

female

Has animal 2 been spayed?

no

Animal 2 age

5 years +

Animal 2 personality

- good with dogs
- good with small animals

Animal 2 personality

good with dogs

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

yes

Animal 2 explain medical issues.

Old and blind

Just a few more questions...

How long have you had the animals?

5 + years

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

- conflict with others

Other reason not listed

They were my dads & he has passed away.

How we can help you keep your animals?

We can't keep them because grandchildren and my mom have asthma.

Administration

Shelter to client contact date

09/11/2023

Follow - up required

no

Surrender necessary

no

Staff member making appointment(s).

Hardy

Multiple appointments?

no

Outcome data

Call outcome

referred to other resources

Admin notes

9/11/23 Lives in Orange County. Left VM to contact Orange County. CH

Close ticket

yes