

Old LEASH pet surrender request form

First name

Franz

Last name

Delgado

Street address

706 east magnolia st

City

Kissimmee

Zip code

34744

Email

[fabinessa28@gmail.com](mailto:fabinessa28@gmail.com)

Phone

(786) 612-9880

Reason for surrender

Move

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

Musha

Animal 1 species

dog

Animal 1 dog breed

Jackrussell

Animal 1 size

11 - 20 lbs

Animal 1 color

White/brown

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

yes

Animal 1 photo



IMG\_7196.jpeg

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

How we can help you keep your animals?

Na

Administration

Shelter to client contact date

09/14/2023

Follow - up required

yes

Follow up notes/actions needed 1

9/14/23 left VM to call back

Agent initials follow up 1

Hardy

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

01/02/2024

Time of appointment 1

02:00 pm

Outcome data

Call outcome

appointment made

Final call date

09/14/2023

Close ticket

no