Old LEASH pet surrender request form

First name

Catherine

Last name

Flores

Street address 2836 Wagon Wheel Trail

City

St. Cloud

Zip code

34772

Email crivera0105@hotmail.com

Phone (860) 967-6506

Reason for surrender Unfortunately, we can longer keep our babies at home.

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 Lunna

Animal 1 species

Animal 1 dog breed Shih tzu/yorkie mix

Animal 1 size

Animal 1 color Tan/white

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?

Has animal 1 ever bitten anybody?

no

Animal 1 photo



Lunna 2.jpg

Animal 2

Animal 2 name

A.J.

Animal 2 species

dog

Animal 2 dog breed Yorkshire terrier teacup

Animal 2 color

Grey

Animal 2 gender

male

Has animal 2 been neutered? yes

Animal 2 age

3 - 5 years

Animal 2 personality

- good with dogs/cats good with dogs
- good with cats ٠
- good with small animals ٠
- good with small children ٠

Animal 2 personality

good with small children

Has animal 2 ever bitten anybody?

no

Does animal 2 have any medical issues?

no

Animal 2 photo



A.J..jpg

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 09/22/2023

Follow - up required

Surrender necessary yes

Staff member making appointment(s). DM

Send appointment email yes

Send wait time notice yes

Multiple appointments?

Appointment 1

Date of appointment 1 01/15/2024

Time of appointment 1 01:00 pm

Outcome data

Call outcome appointment made

Admin notes

9/22/23 CALLED AND SPOKE TO THE OWNER HER SCHDULE AT WORK CHANGED AND NOW SHE HAS NO TIME TO PROPERLY TAKE CARE OF THE DOGS. SHE IS AWARE OF OUR POLIES AND KNOWS WE CAN NOT GUARANTEE AN OUTCOME FOR HER DOGS DM

Close ticket