

Old LEASH pet surrender request form

First name

Carely

Last name

Cay

Street address

4911 Tennyson ct

City

Kissimmee

Zip code

34746

Email

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

Phone

(407) 874-0054

Reason for surrender

Health

My current living situation is...

I have a stable home.

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

Luna

Animal 1 species

dog

Animal 1 dog breed

Chihuahua mix

Animal 1 color

Black

Animal 1 gender

female

Has the animal 1 been spayed?

no

Animal 1 age

1 - 2 years

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



IMG\_5734.jpeg

Just a few more questions...

How long have you had the animals?

1 - 2 years

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

- allergies

Other reason not listed

Health

How we can help you keep your animals?

I cant have it due my daughter its having alergy

Administration

Shelter to client contact date

09/29/2023

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

cw

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

01/23/2024

Time of appointment 1

10:00 am

Outcome data

Call outcome

appointment made

Final call date

09/29/2023

Admin notes

9/29/23 Owner advised child in home is allergic to the pet. Owner was informed of new policies and procedures. Owner was also informed we cannot promise any outcome for any pet that comes to our shelter. C. Wildermuth

Close ticket

no