

Old LEASH pet surrender request form

First name

Christine

Last name

Diez

Street address

2202 villa Verano way

City

Kissimmee

Zip code

34744

Email

christineleathers96@gmail.com

Phone

(516) 633-2406

Reason for surrender

My youngest (1) developed severe asthma has an inhaler due to being hospitalized we used to have a large house now we’re in an apartment he can’t breathe.

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

Jellybean

Animal 1 species

cat

Animal 1 size

11 - 20 lbs

Animal 1 color

Grey

Animal 1 gender

female

Has the animal 1 been spayed?

yes

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_4644.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

How we can help you keep your animals?

None my son comes first I need this cat out so he can breathe without inhalers.

Administration

Shelter to client contact date

09/29/2023

Follow - up required

yes

Follow up notes/actions needed 1

9/29/23 Called left voicemail. Dawn Okayed for owner to bring cat right in due to the situation. C. Wildermuth

Agent initials follow up 1

dm

Follow up notes/actions needed 2

10/5/23 called and left a VM DM

Agent initials follow up 2

DM

Surrender necessary

no

Multiple appointments?

no

Outcome data

Call outcome

resolved by client

Final call date

10/06/2023

Admin notes

10/05/23 called and left another VM and gave her until 5 pm tomorrow to get back to us before we close out the leash form DM

10/6/23 called and advised she rehomed the cat-alg

Final surrender outcome

resolved by client

Close ticket

yes