

Old LEASH pet surrender request form

First name

Hyacinth

Last name

Elliott

Street address

3950 CROSSBILL CT

City

Kissimmee

Zip code

34746

Email

Rick8843@gmail.com

Phone

(646) 423-0698

Reason for surrender

Elderly

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

Brandy

Animal 1 species

dog

Animal 1 dog breed

unknown

Animal 1 size

51 + lbs

Animal 1 color

Black

Animal 1 gender

female

Has the animal 1 been spayed?

yes

Animal 1 age

5 years +

Does animal 1 have any known medical issues?

no

Has animal 1 ever bitten anybody?

no

Animal 1 photo



P9280040.JPG

Just a few more questions...

How long have you had the animals?

5 + years

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

- no time for care

How we can help you keep your animals?

can't keep anymore

Administration

Shelter to client contact date

09/30/2023

Follow - up required

no

Surrender necessary

yes

Staff member making appointment(s).

c.wildermuth

Send appointment email

yes

Send wait time notice

yes

Multiple appointments?

no

Appointment 1

Date of appointment 1

10/12/2023

Time of appointment 1

11:00 am

Outcome data

Call outcome

appointment made

Admin notes

9/30/23 Owner son advised his mother is elderly and cannot take care of her pet and give it the attention that it needs. Son was made aware of policies and procedures. C. Wildermuth

Close ticket

no