

## Old LEASH pet surrender request form

**First name**

Martha

**Last name**

Rodriguez

**Street address**

2110 Emperor Dr

**City**

Kissimmee

**Zip code**

34744

**Email**

[marommr@yahoo.com](mailto:marommr@yahoo.com)

**Phone**

(407) 764-3809

**Reason for surrender**

I can't physically care for my doggy

**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**

Kokito

**Animal 1 species**

dog

**Animal 1 dog breed**

mix

**Animal 1 size**

31 - 40 lbs

**Animal 1 color**

white with spots

**Animal 1 gender**

male

**Has animal 1 been neutered?**

yes

**Animal 1 age**

1 - 2 years

**Does animal 1 have any known medical issues?**

no

**Has animal 1 ever bitten anybody?**

no

**Just a few more questions...**

**How long have you had the animals?**

4 months to 1 year

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

- no time for care

**Other reason not listed**

I can not physically care for him.

**Administration**

**Shelter to client contact date**

10/13/2023

**Follow - up required**

no

**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**

02/19/2024

**Time of appointment 1**

01:00 pm

**Outcome data**

**Call outcome**

appointment made

**Final call date**

10/13/2023

**Close ticket**

no