

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

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